DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03369

			45-74 See See U	EKITFICA	ALL OF DEATH				
		irst	Middle		Last	2a. DATE O			2b. HOUR
1	(ype or print)	VICTOR	R.	2767.5	BEALS	M	ARCH 24	1968	6:30F
3. SI	EX	4. RACE		5	. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE		VHITE		4-19-191	4	last birthday)	MONTHS DAYS	HOURS MIN
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY O	F DEATH		
cou	HYNDMAN, PA	4.	J.S.A.	WIDOWED		A	LLEGANY		٨
10.	CITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INST	ITUTION (If not	in hospitol 120. US	SUAL OCCUPATION	N (Kind of work done	12b, KIND OF	BUSINESS OR
	CUMBERLANI	D 9	MEMORTAL H	OSPITA	AL B&C	Carma	a life, even if retired.)	INDUSTRY R	R
	USUAL RESIDENCE (Where de	ceased lived, if inst				200.0	TREET AND NUMBER		
udin	PA.	136. (008)	EDFORD (MONYH	AN YES	NO 🔀	RT_#1		
14.	FATHER'S NAME First	Middle		IS.	MOTHER'S MAIDEN NAME	First	Middle		Last
	The state of the s	LIAM	BEALS			DOROT		SHIL	LING
160	(ex. no. or unknown) (If yes	ARMED FORCES? give war or dates of service)	16b. SOCIAL SECURITY NO		ORMANT	HOSDIT	Address	LAND	AD.
	NO		107-01-	3003	VIEWORIAL	NUSPI I	AL, CUMBER		MATE INTERVAL
	18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA		r line far (a), (b), and (c).)		1 00		p. A		DISET AND DEATH
		LEDIATE CAUSE (a)		nocco	Collican	unos	a Costa	41 3	400
	160,00		R AS CONSEQUENCE OF				,	6	1
	Conditions, if ony, which go rise to immediate cause (
	stating the underlying cau		R AS A CONSEQUENCE OF						
	lest.) (c)_							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE O	RCONDITION GIV	EN IN PART 1(o)		
NO	1602	TO TOUR TOUR TOUR	William open a violation that pen	CODMED	OD ALECOCHO	Inn	IF YES, WERE FINDINGS CO	ANCIDEDED IN C	EDTIEVINO
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PER	FURMED	20a. AUTOPSY?	CALISI	ES OF DEATH?	NUZINEKEN IN C	EKIIFTING
ERTII	21a. ACCIDENT WAS UNDER	I VINC TON YIM	E OF INJURY	lata Non	YES NO		un in Book I on Book 9 1	tom 10 \	
MEDICAL C	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. Manth Day Year M. 19	4			ury in Part I ar Port 2, I	rem ra.)	
ME	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJUS	(AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street ar R.F.D.	Na. Cit	y or Town	County	State
	at work of wark					111		111	
	22o. I certify that (I)	(this hospitol)	strended the decease	d from		(0 0, to		60, that	(I) (we) lo
	sow the deceose	a olive on	d) (did not) view the b	ody after de	morm (my) (our) a oth.	ipimon aeom	occurred on the do	re ona nour	ona irain ii
	22b. SIGNATURE	MALO	01:11					DATE SIGNED	
	March	18/1/ XI	/ Il fant	OF DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		
	72d. PHYSICIAN'S	a free and	0	A	22e. ADDRESS				
- 4	NAME (Type) R. F.	MILTEN	BERGER	V _z	122 S.	CENTRE	ST. CUMB	ERLANI	D.MD.
23 a		3b. DATE	23c. NAME OF C				ION (City or Town)	(County)	(Stote)
		March 2	-	o Alt			iman, Bedfo		.,Pa.
24.	FUNERAL DIRECTOR	(7 . 4 . 2	ADDRESS	-		BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	Lugar T
L	Harvey H.	Zeigle	r, Hyndmar	l, ra.	DATE	MAK 29	1\$68	100	0

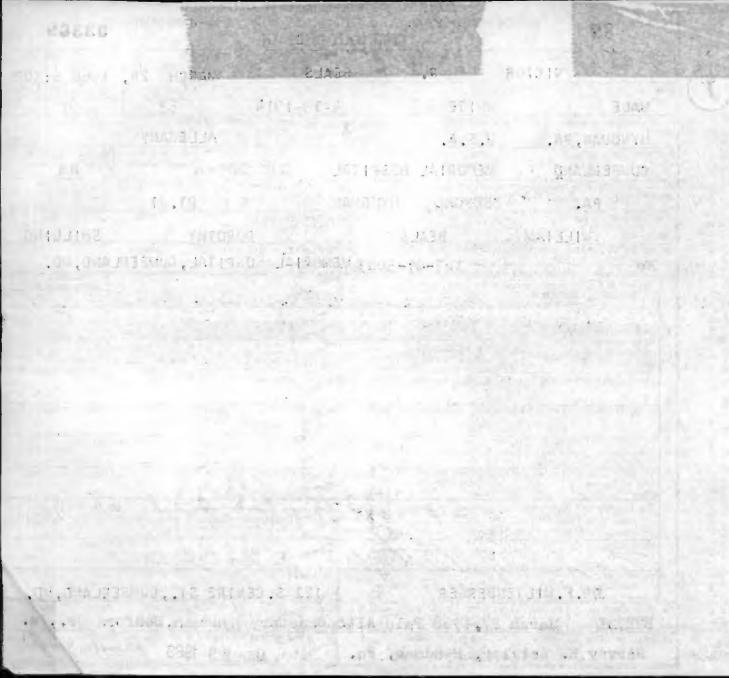
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours are should be filed with the State Dept. at Health prior to burial, cremation, ar removal, and in any event, within 72 hours are should be filed with the State Dept. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

Page 4 may be retained by the hospital or attending physicion.

or death.

229



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRTIFICATE OF DEATH

4	U3370			CEICHIA	CAIL OI	PENIII			C 12 (3	9 43
100	Time or point!	irst	Middle		Last		2o. DATE OF		av Year	2b. HOUR
	GEN GEN	CVIEVE			BOPP		MAR		1968	6 A. M
3. S	EX	4. RACE			S. DATE OF BI	RTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
	FEMALE		WHITE		MARCH	8, 19	09	last birthday) 59 YRS		HORKS MIN
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MAR	RIED	9. COUNTY OF	DEATH		
COD	MARYLAND		USA	WIDOWED		CED 🔲	ALLE	GANY		Md
	CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR IN give street address) 1621 BEDFO					(Kind of work done life even if retired.)		BUSINESS OR
13a.	. USUAL RESIDENCE (Where de	consed lived if ins	titution, Doridance hofeen			13d. INSIDE CITY L	IMITS? 13e, ST	REET AND NUMBER		
odm	nission) STATE MARYTAND	13b. COUN	ALLEGANY	CUMBI	ERLAND	AE2 X N	○□ 162	1 BEDFORD	STREET	
14.	FATHER'S NAME First	Midd		, 1	S. MOTHER'S MA	IDEN NAME F	First	Middle		Lost
ш	STEP	TEN R.	. EDWARI	DS		SUS	AN		CRABT	PREE
160	. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT	•		Address		
	Yes, no, or unknown) (If yes	give war or dates of service	NONE	AI	RTHUR H.	BOPP	C	UMBERLAND	, MD.	
	18. CAUSE OF DEATH (Ente	r only ane cause p	er line for (a), (b), and (c				0 1 1	1		IMATE INTERVAL ONSET AND DEATH .
	PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (a) _	metant	ats.	e Ca	- 6	2 St	uso	6	mol:
	1538		OR AS-A CONSEQUENCE OF	:		/	2/1/			(
	Conditions, if any, which go	ve)	Cancon		0	30	ton		1/2	18
г	rise to immediate couse (OR AS A CONSEQUENCE OF	-	1					246
	lost.	(c)								
	PART 2. OTHER SIGNIFICANT	114	RIBUTING TO DEATH BUT I	OT RELATED 1	TO THE TERMINAL	DISEASE OR	CONDITION GIVE	N IN PART I(o)		
2	1538									
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION WAS P	ERFORMED	20a. AUTO	PSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
HE					YES 🗆	NO.	CAUSES	OF DEATH?		
		LYING 216, TIN	AE OF INJURY		IOW INJURY OCC	URRED (Ente	er nature of inju	ry in Part 1 or Port 2	, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR		9	1	/		/ /		
MED		216. PLACE OF INJU	IRY MAT HOME, FARM, STREET, FA		OCATION Stree	t or R.P.D. No	ı. Çify	or Tawn	County	State
	While Not while at work		OFFICE BUILDING, ETC.	1						
	22a. I certify that (I)	(this haspital)	attended the deceas	ed from	11-2	0_, 19_6	67, ta	3-19	968 , that	(I) (we) last
ш	22a. I certify that (I) saw the decease	alive an	nar 17	19 68, ar	nd that in (m	y) (aur) ap	inian death o	accurred an the o	late and haur	and from the
		ove, (I) (we) (c	did) (did ñat) view the	bady after	death.					
	22b. SIGNATURE	mur.	Tim m	DEG.	REE PHYS.	IG 🔽 Å	MED.	STAFF PHYS. 22	c. DATE SIGNED	19-68
	22d. PHYSICIAN'S				22e. ADD	RESS				
	NAME (Type)	A. J. MI	RKIN, M.D.		115	S. CE	NTRE ST	REET CU	IMBERIANI	D. MD.
230		3b. DATE	23c. NAME OF	CEMETERY OF	R CREMATORY		23d. LOCATIO	ON (City or Town)	(County)	(Stote)
		ARCH 21		REST B	URIAL P	ARK	CUMB	ERLAND, M	D	
24.	FUNERAL DIRECTOR KIGHT		CUMBERL/	יונה לדות	D	2Sa. REC'D E	BY REGISTRAR	68 25b. REGISTRAR	'S SIGNATURE	refer to
	- TION INTOIL		COMPANTA	TIATA IL	<i>D</i> •	DATEMAK	4 1 19	04		8,

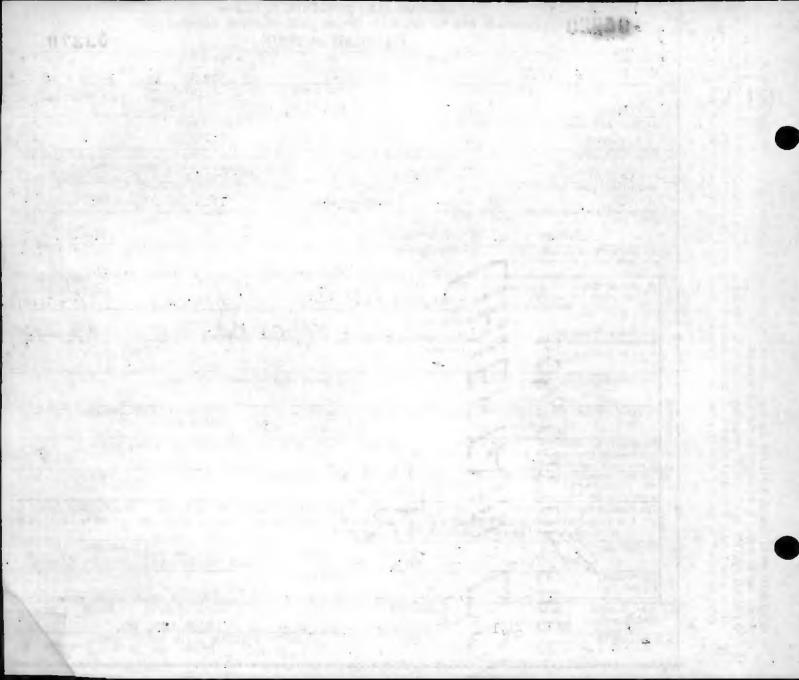
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bythe funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour after

Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MARYLAND STATE DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03371

			11100101	00 0" 1. FB #11. A.	TARRES IN		my 1 1 m	01 00	2.000					
	DECEASED-NAME (Type or Print)	First		Middle			Last			20. DATE KNOWN OF ESTI-		Day	Year	2b. HOUR
	(albe or runn)	BERN	ADETTE	M.		BOX	113			DEATH MATED	□ 3-	31-	1968	6/30 M
3.	SEX	4. RACE	S. DATE OF BIRTH		6. AGE (In years	IF UNDER		IF UNDER 2		2c. DATE PRONOUN	ICED DEAD			2d. HOUR
	EMALE	WHITE	JAN. 17,		last birthday)		DAYS	HOURS	MIN.	Month	ch Doy 3	Yeo	or 1968	7504
	. BIRTHPLACE (Stor	re ar foreign	7b. CITIZEN OF WHAT	COUNTRY?	B. N	ARRIED N	EVER MAR	RIED	9. COU	INTY OF DEATH				
COL	Intry) MARY	LAND	U.S.A.			DOWED 📆		RCED 🔲		ALLEGANY				Md
10.	CITY OR TOWN O	F DEATH		OF HOSPITAL	OR INSTITUTIO	ON (If not in	haspital	12a. U		CUPATION (Kind of		12b. KIN	ND OF BUSI	NESS OR
	ECKHART		3	et address)				during	HOUS	E WORK even	it retired.)	INDUSTR	RY OWN	HOME
13	a. USUAL RESIDEN	ICE (Where decea	sed lived, if institution	n: Residence b			130	I INSIDE CITY L		13e. STREET AND N	UMBER			
	admission) SIAII	MARYLAND	13b. COUNTY AL.	LEGANY	BOK	HART		YES N	10 🔲					
14.	FATHER'S NAME	First	Middle		Last	15. MOTH	ER'S MAIL	DEN NAME	First		Middle		Last	
		JOHN		MOOR	æ			I	MARY			KEA	RNEY	
		VER IN U.S. ARMED		b. SOCIAL SECU	RITY NO.	17. INFORM	ANT				RESS			
	(Yes, na, or unkna	WIT) (If yes give	war or dates of service) 2	12-54-8	3031-J	Ms	ry F	Bovle.	Ec	khart, M	i.			
	ID CAUSE O	E DEATH (Enter on	ly ane cause per line										APPROXIMATE	
	PART I.	DEATH WAS CAUSE	D BY:			ADV	OCC	THET	ON			-	TWEEN ONSET	
	17.7	1MMEDI	ATE CAUSE (a)		CORON	Anı	UUU	FOOT	UN			SU	DDEN	
	Conditions is	any, which gave	DUE TO, OR AS	A CONSEQUEN	CE OF	RONAF	IV	SCLE	PUC	TC				
	rise to immer	diate cause (a),	(0)			ItOIWI	ρŢ	CLLE	100	10				
		nderlying cause	DUE TO, OR AS	A CONSEQUEN	CE OF									
	last.		(c)											
		SIGNIFICANT COND	HTIONS CONTRIBUTING	TO DEATH BU	T NOT RELATE	D TO THE TER	MINAL DI	SEASE OR C	ONDITIO	N GIVEN IN PART 1	(a)			
Z	4201													
ATHO	190. DATE OF	OPERATION	19	b. CONDITION		PERATION						20	0. AUTOPSY	?
CERTIFICATION				WAS PERFO	RMED?								YES 🗌	NO X
			21b. TIME OF INJ	URY Manth, Do	y, Year	21c. HOW II	JURY OC	CURRED (En	ter natu	re of injury in Port	1 or Part 2, I	tem 18.)		
MEDICAL	PRIMARY (OR CONTRIBUTING [HOUR A.M.		19									
MED	21 d. INJURY OF		PLACE OF INJURY (At 1	nome, form, st		21f. LOCATIO	N Street o	or R.F.D. No.		City or Town		Count	tv	State
		NOT WHILE TO	ctory, office building, e	etc.)	,									
		AT WORK	1 1 (1	- 3 1	4 1 1		1.5		4	ngr)	1 170	77	2.4	
			ook charge of the								Inquiry 2		ind in my	y opinion
	deoth re	esulted from:	Notural couses	Acc	ident,	Suicide		Homicid	le 📋,	Undetermine	d monner			
	A PRILATE	1)	118	1 -			CHIE	F MEDICAL	EXAMINE	ER 🔲				
	SIGNATUN	Deneco	act XI6	lare	de	M	D. ASSI	STANT MEDI	ICAL EXA	MINER	22b. DATE			-10
	EXAMINER'S		- 1					ITY MEDICA		topad a	Marc			
	NAME (Type)	BENE	DICT SKI	TAREL]	IC, M	.D.	ADD	RESS(Street,	, city, to	WIT, OF COUNCYUM	BERLA	ND,	MARY	LAND
23	a. BURIAL, CREMA	27 2	DATE		E OF CEMETER					LOCATION (City or	Town)	(County	(St	tate)
	BURTAL Spen	APF	2, 1968	ST. 1	MICHAE	L'S CE	METE	ERY		FROSTBU	RG, MI			
24	. FUNERAL DIRECT				ADDRESS			250. REC'D	BY REC	GISTRAR 25b	PEGISTRAR	SIGNATU	RE	
	JOSE	PH R. DU	RST, SR.,	FROST	BURG,	MD. 2	1532	MPR	3_	1968	PEGISTRARY	A Su	9	3

VR A15ME (5) 10M REV, 1/68

TO DEPUTY

FS-ULU: AUDIT TO A STATE OF THE PARTY O And the state of t Total Committee and the second second OFFICE OF THE STORY --- Republic Victoria the state of the s CAMPAGE STATISTICS OF THE STATE The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03372

DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death the funeral EGT. 8.30R (Type or print) Mar Month Alice Buckelew IF UNDER 24 HRS. urs after SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR lost highday) Female White Jan. 1, 1886 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) W. Va. U.S.A. Within 72 Allegany WIDOWED DC DIVORCED [12a. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY please remove corbon Barton event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNTY Allegany YES 🛖 Barton NO and in ony 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle First John Griffith unknown physician 17. INFORMANT 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, ne unknown) burial, cremation, or removal, Asa Guthrie-Lonaconing, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Chronic Myocarditis and Myocardid

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Despression Not specified ds Rhamstic DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. af Health prior to CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? None YES 🗔 NO N this certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Efter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from Feb 23 , 1966, ta Nov. 27, 1968, that (1) (we) last saw the deceased alive on Nov. 15, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS O FUNERAL director, po should be f NAME (Type) Paul R. Wilson Piedmont, W. Va. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 230. BURIAL, CREMATION, 23b. DATE (State) HREMOVAL (Specify) Terra Alta 3/30/68 Terra Alta 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 Westernport, Md.

B1286 3-1 1 1-2 N laguity a total management. 5.00 PANTAGER. plat the courts as Printed and the 74 - 4 4 6 the first that the same of the medical a fund -- mi 23 . 770 e ". ha alle son to to to the . El estadade de serviciones

ADDRESS

Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A 15ME (5) 10M REV. 1/68 24. FUNERAL DIRECTOR

George

Eichhorn

2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(Stote) Md

and in my apinian

Doy

Year

1968

19 68

12b. KIND OF BUSINESS OR

Last ALERDICE

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

SUDDEN

14 DAYS

20. AUTOPSY?

County

(Caunty)

2b. HOUR

1:50RM

2d. HOUR

14.60		A A			10	Ser	M.
certa sucon		T. uz	•		STV	L	
55 2 17 184					YJIL ET		FEALE
VICE-TTV					AZU		
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Lari de Vincideori I de Soli d					1\2\1 2120 -		0.4 10000 1001

24 hours after death

03393

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

U33

			CLI	HILL	AIL OF DEATH					7
	YPE OF PRINT		Middle R .	C	Lost AMPBELL	20. DATE OF	ARCH ARCH	D _G y- _y	1988	26 HOUR
3. SE	Y	A PACE	1/ 0		DATE OF BIRTH		6 AGE (In years	1 /F U	NDER I YEAR	1F JNDER 24 HRS
	* FEMALE	WHITE			2-10-190	1	los (billhdoy)	YRS. MONT	THS DAYS	HOURS Mil
	BIRTHPLACE (Stote or foreign MARYLAND	7b. CITIZEN OF WHAT CO			NEVER MARRIED	9. COUNTY OF				
	WARILAND	U. S.		IDOWED 2		ALLE				
Q. C	CUMBERLAND		HOSPITAL OR INSTITUTION	,	dunnaa		(Kind of work do life, Even if retire		25. KIND OF NDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where deceosission) STATE MD.	ed lived, if institution: Re 13b. COUNTY ALL	FGANY	CLIME		IS? 13e. ST	REPLAND NUMBER		NGTO	M CT
14 F	FATHER'S NAME First	Middle	Lost		MOTHER'S MAIDEN NAME	First	M.ddle		NGIU	Lost
	WILLIA	AM M. F	ROBERTS		FANNIE		MI	LLH	OLLA	ND
	WAS DECEASED EVER IN U.S ARM		OCIAL SECURITY NO.		FORMANT		Addres	55		
Y	'es, po or unknown) (If yes give w	ar or dates at service)		M	EMORIAL H	OSPITAL	L, CUMB	ERL		MD.
	18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line for i	(a), (b), and (c))	`	145 45007	E			BETWEEN O	MATE INTERVAL INSET AND DEATH
	PART I DEATH WAS CAUSES IMMEDIA	TE CAUSE (o)	GIE CON	at S I	IVE HEART	FAILUR	? E.		HOU	JRS
	571,8	DUE TO, OR AS A CO								
ļ	Conditions, if any, which gove) nise to immediate cause (o),	(b) C	[RRHOS IS	OF.	THE LIVE	?			YE	ARS
	stoting the underlying couse	DUE TO, OR AS A CO	INSEQUENCE OF							
	lost.	(c)		·						
	PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE UP	CONDITION GIVE	N IN PARI I(o)			
NO.	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OP	EPATION WAS PERFOR	MED	20a. AUTOPSY?	20b IF	YES, WERE FINDIN	ด้ร กักมระเ	DERED IN CE	ERTIEVING
5	TO. DATE OF OFERALION	COADITION TOK IIIIGI OF	ERRITOR HAD I ERITOR	JTTLD	YES NO D	CALISES	OF DEATH?	09 (011311	>EKED 111 CE	A THE THING
LEKTIFICAL	21g. ACCIDENT WAS UNDERLYIN	G 1216 TIME OF INJUR	Υ	21c HO	W INJURY OCCURRED (Ent	_	rv in Port 1 or Por	t 2. Item	18.1	
MEDICAL	OR CONTRIBUTING CAUSE OF DEAT		ith Doy Yeor				•		•	
MIE	21d INJURY OCCURRED 21e.	PLACE OF INJURY LATHON) 21f. LO	ATION Street or R.F.D. N	o. City	or Town	Co	ounty	Stote
	While Not while at work	,								
	22o. I certify that (1) (thi sow the deceased a	s hospital) attended	the deceased f	rom	3-12-68,19	, ta	3-17-6	89	, that	(I) (we) lo
	sow the deceased a causes stated abave	live on 3"	1 / -00 19	, and	thot in (my) (a@r) op	pinion death o	accurred on the	e dote o	nd hour	ond from t
	22b. SIGNATURE	Ti) Kwk) (aia) (niaki	view the bud	y uner u	ediii.			22c. DATE	SIGNED	
	3	A Min.	4/11	DEGRE	E PHYS.	MED DIRECTOR	STAFF PHYS.		8-68)
	22d. PHYSICIAN'S	as peace	111		22e. ADDRESS	BINECION	711132	-3-1	0-00	
	NAMF (Type) DR.	G. O. HIM	MELWRIG	HI	CUMBE	RLAND,	MD.			
	BURIAL, CREMATION 23b. 1	1 1 1	23c. NAME OF CEMI	TERY OR	REMATORY	23d LOCATIO	ON (City or Town)	(0	ounty)	(Stote)
Z	REMOVAL (Specify 3	120/68	KORR 1	fell	(love.	lum	bulous	1)	Mar	1.60
24.	FUNERAL DIRECTOR	-10	ADDRESS	1 1		BY REGISTRAR	2Sb. REGISTR	AR'S SIGN	IATURE	200
	James see	in egec.	un	0.11	DATE MI	AR 20 1	968 10	- Chyl	7	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled my director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon bapers, should be filed with the State Dept. at Health prior to burial, crematian, arremayal, and in any event, within 72 h O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 30M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH 01

	THE STATE OF THE S	A SIMIP BELWI	CHINELIA OL	HEREIH	
DIVISION OF	VITAL RECORDS,	301 W. PRESTON	STREET, BA	LTIMORE, MARYLA	ND 2120
	. (CERTIFICATE (OF DEATH	1	

-								T -				
	TEASED-NAME TPB ar print)	First ROB	FRT	Middle		CARD	R	2a. DA	TE OF DEATH	Pok	68	26 HOUR
3 SEX	MALE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 RACE WHIT	E		S. DATE OF E	BIRTH - 24 - 91		6 AGE (in ye	ears L	IF UNCER , YEAR MONTHS DAYS	IF UNDER 24 HRS.
comp	RTHPLACE (State or TY) DTOWN, N	D.	76. CITIZEN OF WH.	.A.	WIDO		ORCED		Y OF DEATH ALLEGAN	_		Md
	TY OR TOWN OF DEA UMBERLAN			ME OF HOSPITAL OR IN: LEWOR'S AL		(If not in hospital			ATION (Kind of work thinglife, even if re ar pent		IND. STRY	Emp.
13a. L admis	JSUAL RESIDENCE (W sign) STATE W . \	here deceas	ed lived, if institution 13b COUNTY	on Residence before	PAW	Y OR TOWN	AE2 WC	Mits?	3e. STREET AND NUM	No	ne	
14. F#		irst RLEY	Middle	CAR(DER	IS. MOTHER'S A	LORE	TTA	M	ıddle	В	RANT
16a. '	WAS DECEASED EVER us, na, ar unknawn)		ED FORCES?	16b SOCIAL SECURITY	NO	17 INFORMANT MEMOR	IAL HO	SPI		dress ABER	LAND,	
	1B CAUSE OF DEAT PART DEATH	WAS CAUSED		e for (a), (b), and (c)	2 6	lown	ny 1.	Lu	melo	e y		CMATE INTERVAL DISET AND DEATH
	4/0. C Canditions, if any, v nse to immediate		(b)	S A CONSEQUENCE OF	il	nev	reles		n)		3	yez
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Selection Se											
Н	4											
RIFICA	19a. DATE OF OPERAT			CH OPERATION WAS PE		YES [NO [Ob. IF YES, WERE FIN AUSES OF DEATH?			LERTIFYING
¥	2) a. ACCIDENT WAS DR CONTRIBUTING (If either, natify me	CAUSE OF DEAT	HOUR A.M.	Manth Day Year		ic, how injury o	CCURRED (Ente	r nature a	ıf injury in Part 1 ar	Part 2, 1	tem 1B.)	
ш	21d INJURY OCCURI While Nat while at wark at work	ED 21e.	PLACE OF INJURY	AT HOME FARM, STREET, FA DEFICE BUILDING ETC	CTDRY.) 2	If. LOCATION Str	eet ar R.F.D. Na		City or Tawn		County	State
	22a. I certify the	ceased a	ive an	nded the deceas 17 2 7 did nat) view the	1960	and that in (r	/> , 19./ ny) (aur) api	nian de	ath accurred an	the dat	te and haur	t (I) (we) las and fram the
Ш	22b. SIGNATURE	Cl	unf -	Lonne	N	DEGREE PHYS		AED. IRECTOR	STAFF PHYS.	220, 0	ATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type)	DR. (CLAY DUI	RRETT		22e. AD	CUMB (ERLA	ND, MD.			
23a B	BURIAL, CREMATION, REMOVAL (Specify)	23b (Арз	.1,1968			Y OR CREMATORY		1	OCATION (City or Tov I town, Mo	,	(County)	(State)
	FUNERAL DIRECTOR	Scar	elli. C	ADDRESS		1.	2Se. REC'D 8	IY REGISTI	RAR 25b. REG	ISTRAR S	SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 1 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the bural-transit permit. Then please remave carbon papers: Pages as bould be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haves after the state of the state Dept. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV, 1/88

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haurs aftem 18. Office at	pages land2 with haurs after death	1	14. F/	THER S NAME	First	Middle	TTO COLORIDA	Lost	JULIO	15 MOTHER S			701		ddie	AVC	Lost
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in 2	pages h∎urs	t			ER IN U.S. ARMED FO	RCES?	16b. SOCIAL SEC	CURITY NO	D. 1	7. INFORMANT		50	7 Gre			nue	
within penal i			- {TE	s, no, or unknov	(If yes give wi	or or detes of service)	214-07	-057	75 1	Donald	Crowe	Cu	mberl	and,	nary.	Land 2	
ed - Ed	# H				DEATH (Enter only		ne for (o), (b),	ond (c))									ONSET AND GEATH
ing"	permit.			PAKII L	DEATH WAS CAUSED TAIGSMMI	E CYTZE (a)	CA	RCIA	'Al-10V	COSIS,	GENE	RALIZ	ED			MUN.	HS
be executed "pending" in ief Medical E	sit p			TAOX	inγ, which gove)	DUE TO, OR	AS A CONSEQUI) (1 T r r/	77.55	CHATATET.	T.2"				0 ~~	2 3 472 472
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ward ward the Ct	burial-transit I in any even			stoting the un	derlying couse	DUE TO, OK	AS A CONSEQU	ENCE UF									
e sh the	a bui				SIGNIFICANT CONDIT	(c)	INC TO BEATH (III NOT	DE, ATEN	TO THE TERMIN	A 1283260 1A	DE COMPLITO	ik CIVER II	BART I(a)			
This certifrate should be executed within 24 hours after cate, writing the ward "pending" in penci in Item 18. Give farward to the Chief Medical Examiner's Office along	IAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File priar to burial, crematian, or removal, and in any event within 72			17/5	JOHII TOMET COMOS	TOIL) CONTRIDUI	MO TO DESTIN	OI NOI	KEEN-LD	O HIE TERMIN	IAC DISEASE (ar contorno	M OIRER IN	LWK: 1(0)			
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	be used remava	2	IIII				WAS PERF	ORMED?									□ NO X
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	shauld tian, ar		MEDICAL	CAUSE OF DEAT	H	P.	M.	19									
MEN the the in fi	e 3		×	21d INJURY OC		ACE OF INJURY (ory, office buildin		street,	2	IF LOCATION S	freet or R F.D.	No	City	or Town		County	Stote
HCAL EXAMINER e execute the cer tor. Page 4 whomed for your files	Pag , cre		ŀ	AT WORK						1.11				Elen .	-	-	
AL exector. P.	DIRECTOR: ir ta burial				certify that I ta								pectian				n my opinio
Sse a sse ecto ecto	a b			deoth re	sulted from:	Natural cou	ses A,	ccident		2010ide [_		,		ermined	monner		
plec I dir	Or t			ACTUAL	Bone	d. t	- Ste	1	- 1	2/)	CHIEF MEDI		-	٦	22b. DATE	SIGNED	
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ro DEPUTY necessary, the fun≡ra 5 may be	FUNERAL ealth pri			EXAMINER'S NAME (Type)	BENEDI	CT SKIT.	ARELIC,	H.I).		ADDRESS(St	reet city, to	wn, or cour	'yCUMB	ERLAI	D, MA	YLAND
TO DI nece the	TO FUNER Health		230	BURIAL, CREMA	TION, 23b [DATE	23c N	AME OF C	EMETERY	OR CREMATOR			LOCATION			(County)	(State)
	1			REMOVAL (Spec		0-68	lit.			thodist			D Fro	stbur	e Gar	rrett	ad.
	The state of the s	7		FUNERAL DIRECT		01 2		ADDRES				ECD BY REC	GISTRAR	25b RE	GISTRAR S	SIGNATURE	
10A4 RE	ISME (5) EV 1/68	3	H	• Tee P	Silcox 4	.U4 Deca	tur St.	. Cur	nb pric	1.	DANA A	AR 19	1968	5 X-	A COUNTY	A Year	·



1	Items 5 & 6 Fil	DIVISION OF VITAL'RECORDS, m. G398-3/11/68-lek	, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	F
and 2 death.	1 DECEASED-NAME First (Type or print) MINNIE	M.ddle	CUTTER	20. DATE OF DEATH	2b. HOUR
S OF STATES	3. SEX Female	4. RACE White	S. DATE OF BIRTH 4/18/1/8/04	2 1890 6. AGE (In years last blithay) YR	1F UNDER ? YEAR
72 haurs	70 BIRTHPLACE (State or foreign country) ND •	7b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Allegany	N
ont, within 72	10 CITY OR TOWN OF DEATH Frostburg	a. M. H. Gerbert Ho	spital during	SUAL OCCUPATION (Kind of work don most of the Englife, even if retired	e 126 KIND OF BUSINESS OR INDUSTRY
tevel /	admission) STATE IVID	ed lived, if institution Residence before	Lonaconing YES	NO 🛣	
1		Middle Lost Hausrath	18. MOTHER'S MAIDEN NAMM Mary	L. Walbert	R-F-D
aval, an	160. WAS DECFASED EVER IN U.S. ARN Yes, na, or pornown) In yes give w	None		McAlpine, Lon	aconing, Md.
ar remo	PART 1. DEATH WAS CAUSED	TE CAUSE (a) VV A A COLCE	idial tock	emia	APPROX.MATE INTERVAL BETWEEN ONSET AND GEATH 10 day C
burial, trematian, ar remaval, and in any burial, crematian, ar remaval, and in any	Conditions, if any, which gave)	DUF TO, OR AS A CONSEQUENCE OF	eined arten	psclerosis	years
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State Dept. of Health prior ta	NIFIC	CONDITION FOR WHICH OPERATION WAS PI	YES NO	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
of Hed	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year ner) P.M.	9	nfer noture of injury in Part 1 or Port	
te Dept	While Not white of work		(CTORY,) 21f. LOCATION Street or R F.D.		County State
the Sta	saw the deceased all courses stated above	ive an VC(() (did not) view the	ed from, 19 19 K, and that in (my) (our) o body after deoth.	popular death occurred an the	date and hour and from th
director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to	22b. SIGNATURE	riles An	DEGREE ATTENDING PHYS	MED STAFF 22	3.5.68
far, pag	22d. PHYSICIAN'S NAME (Type) L.R.	MILES, YR.		VACONING,	MU 21539
shau	230 BURIAL, (REMATION, REMOVAL (Specify) 3		cemetery or crematory Coney Cemetery	23d LOCATION (City or Town) Lonaconing.	(County) (State)
A15 (4) X REV. 1/68		horn Lonaconii	ng, Md. DATE	PRY REGISTRAN 968256. PEGISTRAN	K 3 SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 03393 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH MiddleSPENCER **DECEASED-NAME** First Last 2a. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within/24 hours after death. deoth. physician and completely filled in by the funeral (Type or print) WALTER DAVIS remove corbon papers. Pages I S. DATE OF BIRTH IF UNDER I YEAR 3. SEX 4. RACE 6. AGE (in years MALE WHITE last byrthday) DAYS HOURS 3-9-1897 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED TENEVER MARRIED ALLEGANY country) U.S.A. PENNA. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired)
JET ASSEMBLY—CELANESE INDUSTRY CUMBERLAND CORP. ond in ony event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY admission) STATE FLINTSTONE NO T 14. FATHER'S NAME Middle Last IS, MOTHER'S MAIDEN NAME First Middle Last RUBY CARRIE DAVIS FRANK 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) (if yes give war or dates of service) CUMBERLAND, MD. 214-07-4956 HOSPITAL MEMORIAL signed by the attending IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a), stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO [Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) detoched for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No. State City or Town County While Nat while at wark at work 22a. I certify that (I) (this haspital) attended the deceased from FLA saw the deceased alive an 19 (i) fand that in (my) (aur) apinian death accurred on the date and haur and from the causes stated above (i) (we) (did) (did nat) view the bady after death. should 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF PHYS. MED. DIRECTOR DEGREE director, page should be filed PHYS 22d PHYSICIAN 22e. ADDRESS NAME (Type) CUMBERLAND. M.D. SCHINDLER 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE (County) Near Chaneysville, BEHOWAL (Specify) Fairview Christian Cem. Mar. 25b REGISTRAR'S SIGNATURE 68 25o. RECID BY REGISTRAR 24. FUNERAL DIRECTOR

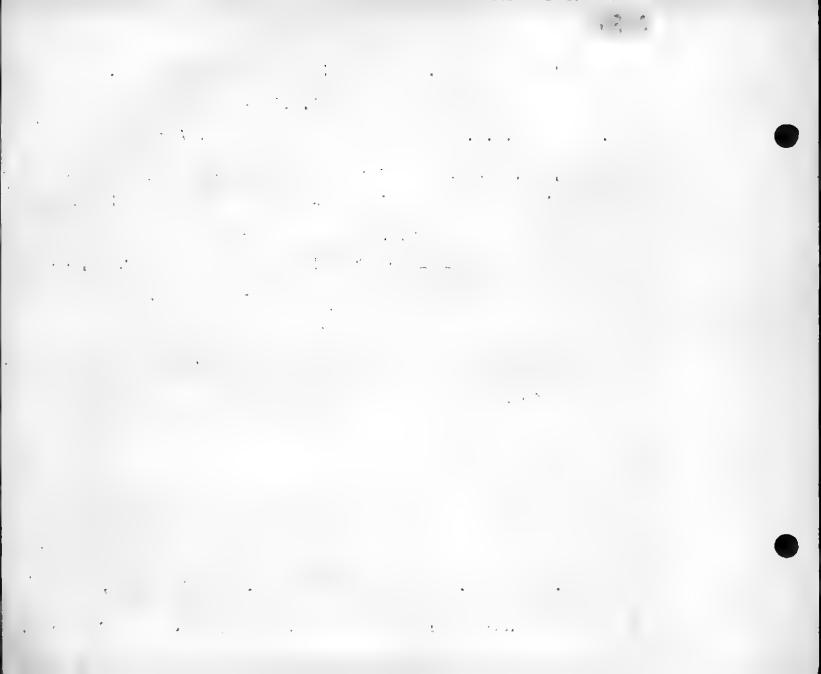
Baito Ave. Cumberland MAR 2 6

VR A15 (4) 30M REV 1/68

Hafer.



MARYLAND STATE DEPARTMENT OF HEALTH 03399 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20. DATE OF DEATH 26 HOUR A (Type or print) DAVID R. MARCH Month DILLINGER 5:50A 3. SEX 4. RACE S. DATE OF BIRTH F UNCER 1 YEAR IF UNCER 24 HRS. 6 AGE (In years MALE WHITE last inthiday) SEPT.4, 1884 requires that the death certificate be executed within 24 bours 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED COUNTP)ENNA. U.S.A. ALLEGANY DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY CUMBERL AND MEMORIAL Correspondent Dun Bradstreet 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY CIMITS? 13e STREET AND NUMBER 136 COUNTAL LEGANY CUMBERLANDS COLUMBIA STREET 14. FATHER'S NAME M'ddle IS MOTHER'S MAIDEN NAME First Middle Lost **ERNEST** DILLINGER **AVERELLA** JONES 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) CUMBERLAND. MEMORIAL HOSPITAL. 217-10-665/ APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per tine for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20o. AUTOPSY? 206, IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 215 TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Dov (If either, notify medical exominer) P.M (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R F D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from... ___, ta ond that in (my) (our) apinian death occurred on the date and hour and from the rsaw the deceased alive on... be retoined causes stated above, (1) (w) (did) (did hat) view-the bady after death. **SIGNATURE** 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR director, poge should be filed PHYSICIAN'S HOWARD NAME (Type) TOLSON CENTRE 230 BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 William G. Kight Cumberland.



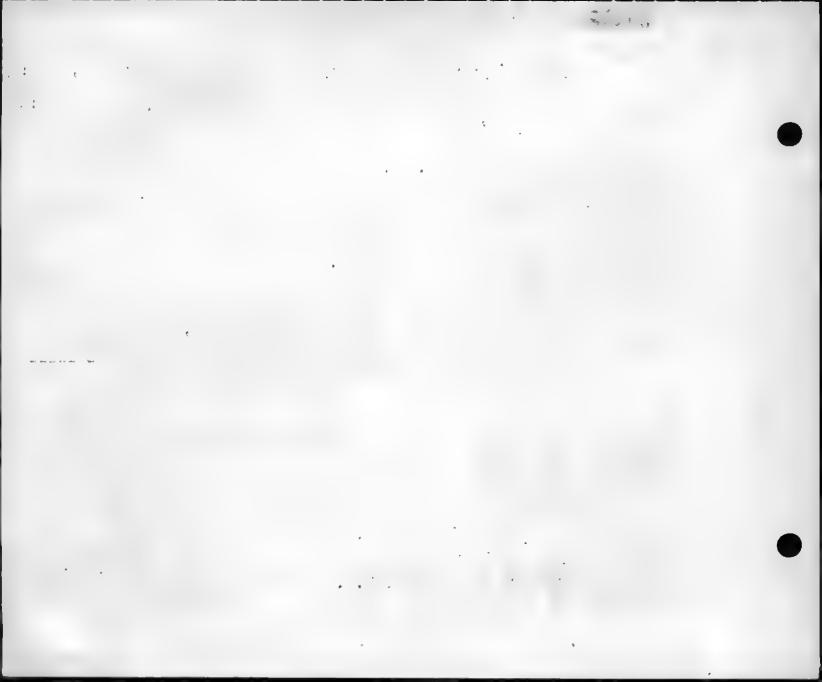
03400 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED NAME Eirst Middle 2a DATE KNOWN Manth Doy (Type or Print) MARCH 29,60 lay is Poge 4 DEATH MATED Charles Dohm IF JADER T YEAR IF UNDER 24 MRS Department 4 RACE AGÉ (In years 2c. DATE PRONOUNCED DEAD 5. DATE OF BIRTH pup P.M3. last birthday) April 7 White Male 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) WIDOWED 7 DIVORCED [Allegany Item 18. Give Poges Maryland 10. CITY OR TOWN OF DEATH 1) NAME OF HOSP TAL OR INSTITUTION (If not in hospitol 12a USUAL OCCUPATION (Kind of work done ofter death 12b KIND OF BUSINESS OR during most of working life, even if retired.) HOSPITAL-DOA Cumber land Coal Miner 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13b COUNTY Allegany YES_ NO Cumberland ofter l and 2 14 FATHER'S NAME tast IS MOTHER'S MAIDEN NAME (Dohm) Jesse Delmer 普鲁亚亚西州罗卡鲁西 Dohm Bertha pages hours Lee 160 WAS DECEASED EVER IN .. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT pencil be executed within (Yes, no, or unknown) James Dohm, 19 W. Roberts St. Cumberland, Md .⊆ APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave a CORONARY THROMBOSIS, LEFT rise to immediate couse (a), WORD This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse farwarded ta the CORONARY SCLEROSIS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) D be used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 💢 should be 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f LOCATION Street or R F D, No. City or Town County State 5 moy be retoined for your O FUNERAL DIRECTOR: Page factory, affice building, etc.) WHILE HOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection X Inquiry [20, and in my apinian Natural causes X , Accident , Suicide death resulted fram. Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER MARCH Heolth EXAMINER'S BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town or coun SUMBERLAND. MARYLAND NAME (Type) 23o. BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) ((ounty) (State) REMOVAL (Specify)
Burial Allegany Md 1968 Allegany County Cemetery Cumberland 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR Cumberland DAPR John J. Hafer, Jr. Balto Nve.



		113803	DIVISION OF	VITAL RECOR	DS, 301 W. PR	leston street, bal	TIMORE, MARY	LAND 21201				
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH										
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hin 24 hours after deoth Cary denci in Item 18 Give Pages 1, 2 and naner's Office along with form PM3 pages 1 and 2 with the State Departmhours ofter death.		Jo	hn	T.	Donald		Mar	v	Br	rown		
hin 24 notil in niner's poges hours	16a.	WAS DECEASED EVER IN U	.S. ARMED FORCE	S? 16b :	OCIAL SECURITY NO.	. 17. INFORMANT		ADDRES				
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E 1, E /	230	REMOVAL (Specify) Burial			1			LOCATION (City or Tov		,, ,		
2	24	FUNERAL DIRECTOR	3/1	3/1968	ADDRESS	oney Ceme	2So REC'D BY RE	Lonaconin				
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MARYLAND STATE DEPARTMENT OF HEALTH 13402 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Lost M-ddle 20 DATE KNOWNED Month Day (Type or Print) DEATH MATED MARCH 21.68 Brondell Dyer Hubert 4. RACE SE THINKS YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE (in years 2c DATE PRONOUNCED DEAD gud HOURS Dec. 26. 1914 White Male To BIRTHPLACE (State or foreign 7b C TIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Allegany Virginia WIDOWED [DIVORCEDIO USA State 11 NAME OF HOSPITAL OR INSTITUTION (IF not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR A. Memorial Hospita to Two king life even if retired) give street oddress) Give Cumberland with 1 13a USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c, CiTY OR TOWN 13d. INSIDE CITY LEMITS? 13e STREET AND NUMBER 136 COUNTY Allegany Cumberland YESKEX NO Potomac Park and 2 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middle Last Eirst Nellie Brown Cain John W. Dver hours 160 WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT pencil ADDRESS (Yes, no, or unknown) Mrs. Doris Marks, Ridgeley, W. Va. Sister 217-10-6450 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART | DEATH WAS CAUSED BY-OCCLUSION CORONARY MINUTES IMMEDIATE CAUSE (q)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY THROMBOSIS. LEFT Conditions, if any, which gave rise ta immediate couse (o). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CORONARY SCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 19g DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES IN NO 210 EXTERNAL CAUSE WAS 215 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should HOUR A.M PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At name, form, street, 21f LOCATION Street or R F D, No. City or Town Cormiy State factory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I taok charge of the remains described above, held an Autopsy 📆 Inspection XI. Inquiry X. and in my opinion Notural causes X. Accident . Suicide . death resulted fram. Hom-cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY MARCH 21. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health SKITARELIC, M.D. NAME (Type) ADDRESS(Street city, town, or countOUMBERLAND. MARYLAND 23c NAME OF CEMETERY OR CREMATORY 50 230 BURIAL CREMATION 23d, LOCATION (City or Town) (County) Sunset Memorial Park Cumberland, Md. Allegany 24 FUNERAL DIRECTOR 25a REC D BY REG STRAR 25b REGISTRAR S SIGNATURE Scarpelli, Cumberland, Md. James F. 26 VR A15ME (5) 1968 "Chames



13403 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00004 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP1 DECEASED-NAME First Middie 2a DATE KNOWN (Type or Print) QF. ESTI-Poge 2:07 £ Lola DEATH MATED Blanche and 2 with the State Department IF UNDER 24 HRS 4. RACE 2c DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH 6 AGE In years 2d HOJR guq PM3. test birthday) 12:07 N White 67 YRS emale March 3.190] 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9 COUNTY OF DEATH olong with form WIDOWED DIVORCED [U-S-A-Allegany in Item 18. Give Poges Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USLAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of warking life, even if retired.)
Housewife INDUSTRY give street oddress) . Memorial Hospital Cumberland 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth 13b. COUNTY Allegany odmission) STATE Marvland 138 Bedford Street Cumberland YES 😿 NO 🗔 after IS. MOTHER'S MAIDEN NAME 14. FATHER S. NAME Last Middle Lost Hinkle Bergman McElfish Dora Exominer's podes hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, ar unknawn) Lester S. Hinkle Flintstone, Fie APPROXIMATE INTERVAL within be executed 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CARCINOMATOSIS, GENERALIZED MONTHS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 2 YEARS BRONCHOGENIC CARCINOMA Canditians, if any which gave rise to immediate cause (a) writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ⊆ should be forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ö 19b CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 20 AUTOPSY? WAS PERFORMED? NO Z icote pe 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PR MARY OR CONTRIBUTING HOUR A M. Œ CAL EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At hame, farm, street, 21f, LOCATION Street or R F D, No. State City or Town County factory, affice building, etc.) moy be retained for your FUNERAL DIRECTOR: Page NOT WHILE Inspection A. Inquiry [20] and in my opin on Noturol couses X Suicide deoth resulted from. Accident . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER MARCH 23, 1968 DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Heolth **FXAMINER'S** BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town, or coundUMBERLAND. NAME (Type) NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION 23d LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) 3/26/68 Burial Hillcrest Burial Park Cumberland Allegany Haryland 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5 H. Lee Silcox Cumberland Maryland 21502

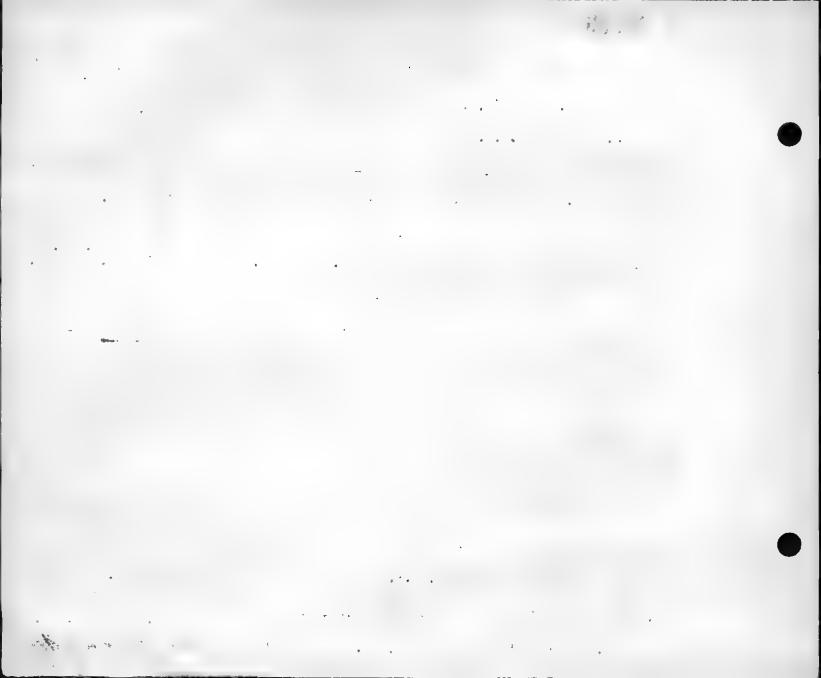


33404

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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<u> </u>			IRTHPLACE (State or fo	oreign }	7b. CITIZEN OF WHAT COU	NTRY?	8 MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH			
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Her frat			OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. Mant	h Day Year	ZIC. NOW	INJURY OCCURRED	feurer nature of t	njury in rom i or r	OTT Z, TIE	m ia.j	
spit en iil ed		MEDICAL	(If either, natify med	ical examine	er) P.M.	19							
Probling of Authority of the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pag should be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs		-	21d. INJURY OCCURRI While Nat while at work at work	ZIe. F	LACE OF INJURY (AT HOME DEFICE I	I, FAKM, SIKEEI, FACI IUILDING, ETC	OKT.) 211 LOCAT	ION Street ar R.F.C), No. I	lity or Town		Caunty	Stote
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Page 4 may O FUNERAL directar, pa		23o.	BURIAL, CREMATION,	23b. D.	ATE	23c. NAME OF C	EMETERY OR CRE	MATORY	23d. LOC/	ATION (City or Town	1)	(County)	(State)
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Give I Give I ong w th the	10.	CUMBERLAND	M	EMCRIAI	HOSPI		during most of working I fe ex RET LRED BRAKE		RAIL ROAD
ofter 18. Give along with the	130 a	USUAL RESIDENCE (Where decidimission) STATE TOWN	13b COUNTY	BEDFORD	HYNI		100 011121 11110	HYNDMAN	. PA.
v 0	14 F	ATHER S NAME First	Middle			5. MOTHER'S MAIDEN N		Middle	Last
		THEOI			INES	2 MOTHER D HAMPETY	AMENA	1110010	BEALL
hin 24 nal in niner's pages hours		WAS DECEASED EVER IN U.S. ARME	D FORCES?	166 SOCIAL SECUR		INFORMANT		ADDRESS	
within 2 n penal i Examiner File page 72 hour	N (A		ive war or dates of service)	A 548-2	28-985/	DOROTHY	(STAIRS) HAINE	S BE	DFORD, PA.
		18 CAUSE OF DEATH (Enter		ine for (o), (b) an	d (c))				APPROX MATE ATERVAL BETWEEN ONSET AND DEATH
executed in Medical Exitation (Exitation) in the Medical Exitation (Exitation) in the Mithin (Ex		PART I DEATH WAS CAU	SED BY DIATE (AUSE (a)		CORO	NARY OC	CLUSION		SUDDEN
d be executed problems of the following the		4/)		AS A CONSEQUEN	CE OF	RONARY	THROMBOSIS		
d 'p d 'p Chie rons		Condit ans, if any, which govi rise to immediate cause (a)	(b)	AC 4 COLCEOURN		HOMBILL	THUOMPOSTS		-
wor wor the rial		stating the underlying cause last	DUE TO, OF	R AS A CONSEQUEN		CORONARY	SCLEROSIS		
m + -		PART 2 OTHER SIGNIFICANT CO	(c) NDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	1(a)	
cert ficate; writing the forwarded to used os a bemoval, and	No	44 . 1							
		19a DATE OF OPERATION		195. COND T ON F WAS PERFOR		ITION			20 AUTOPSY?
be be	CERTIFICAT								AEZ NO
Fig. 1		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	21b TIME OF HOUR A	INJURY Month, Day M.	Year 21c	HOW INJURY OCCURR	ED (Enter nature of in ary in Po	irt 1 or Part 2, Item	18)
NER cer cer hou hou illes sho sho	WEDICAL	CAUSE OF DEATH	PLACE OF INJURY (M At hamp form str	19	LOCATION Street or R.F.	D No City or Tow		County Stote
EXAMINER: the cert oge 4 should your files 'your files': Page 3 should cemption, I, cremotion,	#C.	WH LE NOT WH LE AT WORK	factory, office building	ig, etc.)	eer, 211	COCATION STIESS OF K.F	D MO CITÁ GE 10A	R1	County Store
EX.		22a certify that	tank charas of t	the company doc	cubad abaya	hald an Autonout	(Inspection X)	Inquiry X	ond in my apin on
CAL exe or. F or fo TOR		death resulted fram.		ses 🔣 , Acc				ined manner	
please I direct retaine DIREC			11010101100	0. 1	den [],		DICAL EXAMINER	ned manner [
ry, ple sral di se reta AAL DI prior		ACTUAL SIGNATURE	edict x	Kital	Telso)		F MEDICAL EXAMINER	22b DATE SI	GNED
DEPUTY cessary, e funera may be FUNERAL salth pri		EVA MIMEDIC				DEPUTY A		March 4	. 1968
To DEPUTY Die on necessary, please the funeral directs 5 may be retained To FUNERAL DIRECT Health prior to b			EDICT S				(Street, city, tawn, ar county)		
10 10 10 11 11 11	23a	REMOVAL (Specify)	b DATE	T)	E OF CEMETERY O		23d LOCATION (City Hyndman		(ounty) (State)
7	24	BURIAL IM FUNERAL DIRECTOR	IR. 7, 19	00	DDRESS	Cemetery	0		edford Pa.
VR A15ME (5)		tallam o KTG	ŢŢ		מווא דמ	DAT	MAR 8 1968	The state of	

* 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV 1/4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03388

	DECEASED NAME	First		Middle		Last		2a. DATE O			2b. HOUR
	(Type or print)	Jean		Mae		Hansro	te		Month Do	1968	6 AM
3. 5	SEX		4. RACE			S. DATE OF E	BIRTH		6. AGE (In years last birthday)	1F JNOER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Femal	В	W	hite	March 17, 1893			3	74 YRS.		
	BIRTHPLACE (Stote	ar foreign	b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIE	NEVER MA		COUNTY O	F DEATH		
Cal	untry) Penns:	ylvania	USA		WIDOWE	DIVE	ORCED 🔲		legany		Md
10.	CITY OR TOWN OF	DEATH erland		ME OF HOSPITALOR INS reet oddress) iberland N			me 12a USUAL during mas	OCCUPAT O	N (Kind of work done o life, even if retired) ALC	אוכטטאיין	F BUSINESS OR Bisinger
130	USUAL RESIDENCE	(Where deceases		on: Res dence before			136 INSIDE CITY LIM		TREET AND NUMBER	HOSP &	Clinic
odr	Maryla (Maryla	nd	Allega			erland	YES NO [4th St	reet	
14.	FATHER'S NAME	First	Middle	Lost		1s. MOTHER'S A	AAIDEN NAME Firs	il	Middle		Last
L		Thomas		Kear			Ab	bie		The state of the s	loun
16	o. WAS DECEASED ET Yes, no, or unknown		D FORCES? ordates of service)	16b. SOCIAL SECURITY N		INFORMANT			Address		*
L	no_			162-28-6	/27 E	dward C	Hansro	ote, s	10 Bopp A	vo Cimbo	arlandMd
				e far (a), (b), and (c))	,					BETWEEN	ALMATE INTERVAL OHSET AND DEATH
	PAKI I. DEA	TH WAS CAUSED IMMEDIAT	E CAUSE (a)	memma	of si	grove	and	cace	un .	1/1	12400
L	1000	J	DUE TO, OR AS	S A CONSEQUENCE OF	1		1 -		0		V
L	Conditions, if an		(b)	with be	ly	cand	liver	st.	mesde		
L	stating the und		DUE TO, OR AS	S A CONSEQUENCE OF		4 0			4 0		
L	last / 1)	(c) a	rtenose	levo	Le C	U. Olean	-30	cerefral	10	ach
L	PART 2. OTHER S	IGNIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED	TO THE TERMIN		a	* * * *		
2	nodul	er thys	ord goi	tre, gal		م روم		Ken	- V	7	
CERTIFICATION	190 DATE OF OPE	RATION 196 C	ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	2Do. AUT			IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN	CERTIFYING
E	Sept 6	6 4	ander-	colon		YES [الساع ال				
[9		AS UNDERLYING CAUSE OF DEATH		INJURY Manth Day Year	21c	HOW INJURY O	CCURRED (Enter I	nature of in	ury in Part 1 or Part 2	, Item 18.)	
MEDICA		medical examine	r) P.M.	19							
×	21d. INSURY OCC While Not w at wark of w	IIII C	LACE OF INJURY (AT HOME, FARM, STREET FAC DEFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Str	eet or R.F.D. Na	Cit	y or Town	County	State
L	22g I certify	that (1) (this	haspital) atte	nded the decease	d from	Elmi's	19 6	h to	marl.	9 6.8° tha	t (I) (we) Inst
ı	saw the	deceased ali	ve an	ed 29	9 <u>E A</u> , o	nd that in (r	ny) (aur) apin	ian death	accurred an the d	ate and haur	and from the
ш	couses s	tated abave,	(I) (we) (did) (did nat) view the l	bady afte	r death.					
L	226 STGNATURE		24	/ _	_	ATTEND	ING 100 MEI	D	STAFF 220	DATE SIGNED	
L	10	emas	1 7	my /	4 D DE	GREE PHYS.	DIR.	ECTOR L	PHYS LJ	2 (1/6	<i>S S</i>
Г	22d. PHYSICIAN'S NAME (Type		61	EWIS		22e. AD			EENE S	,	
L		7 11077					CUMB			1 ρ	
23	 BURIAL, CREMATE REMOVAL (Specific 	0		23c. NAME OF					ION (City or Town)	(County)	(State)
na.	BUT 18 1	Mar	ch 3, 19	68 Hille	rest	Burial	Park 2So. REC D BY		Cumberlan		g Md
24			37: 13	Balto Ave		mberlar			25b. REGISTRAR	S SIGNATURE	1.0
1	O ATTITI O 9		-4 · ~>~	7-2-40	-,		T. DATEIVI A.I.	D 6	JOG KILLE	27/ July 1/66	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and shauld be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 24 days after death

VR A15 (4) 30M REV 1/68

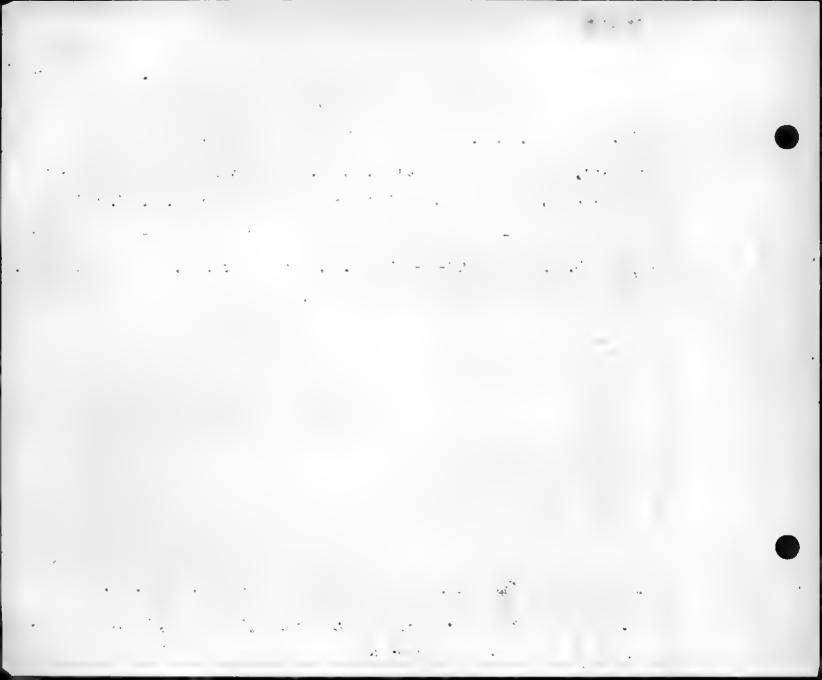
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

DARRY

									9170	7. 4.	
1 DECEASED NAME	First		Middle		Lost		20. DATE OF DEATH			2b 1	HOURA
(Type or print)	Ire	ie .	Rose	Но	zelto	п	Harch M			7:	00 M
3. SEX		4. RACE			S. DATE OF I		6. AG	(in years birthdoy)	IF UNDER I YEAR	F UNDER	
Female		d'h	ite		May	25, 192.	5 272	pirthdoy) YRS	MONTHS DAYS	Hours	MIN.
7o. BIRTHPLACE (Stote	or foreign	76. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED 5	NEVER MA	RRIED	COUNTY OF DEATH				
country) Illin	ois	U. S. A	L _o	WIDOWED [DIVO	RCED	Allegani	1			Md.
10. CITY OR TOWN OF I		11 NA give s	AME OF HOSPITAL OR IN Treet oddress) Alo	STITUTION (If no	t in hospytal	12o. USUAL during mo	St of working life, ev	f wark done	126 KIND OF INDUSTRY		
30 USUAL RESIDENCE	(Where deceos	ed lived, if instituti	ion: Residence before	13c, CITY OR	TOWN	13d. INSIDE CITY LIM	13e. STREET AN		proag	0/0/0/0	-
odmission) STATE	aryland	13b. COUNTY	Allegan:	Cresax	to m,	YES NO	□ Along l	1. S. R	t. # 22	0	
	First	Middle	Lost		MOTHER S A	AIDEN NAME For	rst	Middle		Lost	
	Peter		Jerosi	ki		Ros	se		Le	ssne	九
160. WAS DECEASED EV	ER IN U.S. ARA	AED FORCES?	16b. SOCIAL SECURITY		FORMANT			Address			
Yes, no, or unknown	(A) As all	or or appear of survicing	358-14-5	669 MA	. G.	Rex Hazi	clton, Rt.	# 5 C	unherla	nd.	Ild.
IB. CAUSE OF D	EATH (Enter on	ly one couse per lin	ne for (a), (b), and (c)) ,	,				APPROXII BETWEEN O	MATE INTERV	VA. DEATH
PART I DEA	TH WAS CAUSED	D BY	Conce	I th	e ov	ary			13	ear	
) Intrincella		S A CONSEQUENCE OF			0					
Conditions, if ony	, which gove		o ii conoragence or								
rise to immedia	te couse (o),	(b)	IS A CONSEQUENCE OF								
stoting the under	eriying cousel	(c)									
PART 2 OTHER S	IGNIFICANT CON		TING TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION GIVEN IN PA	RT 1(o)	\-		
10000								(-)			
190. DATE OF OPER		CONDITION FOR WH	ICH OPERATION WAS PE	REORMED	20o. AUT	OPSY2	20b. IF YES. W	ERE FINDINGS C	ONSIDERED IN C	ERTIFYING	G
2			THE STREET STREET		YES		CAUSES OF DE				
210. ACCIDENT W	AS HNDERLYIN	IG 21b. TIME OF	I IMILIDY	21, 40			noture of injury in Po	et 1 or Port 1	Itom 10)		
	CAUSE OF DEAT	HOUR A.M.			m injunti o	TOKKED (EILIEI	notate of injury in re	ill I OI FUILZ,	nem to.j		
OR CONTRIBUTING	medicol exomi	ner) P.M.		9					4		
While Not w	URKED 21e. hrie []	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	Clukt,) 211 LO	LATION Str	et or K.F.D. No.	City or Tow	n	County	2	Stote
at work ot wo	ork Lad	1 0 0 0	4.4.1.4	11 0		10.7	7 . 9	777	/ C	10. 1	- 1
22a. I certify	that (I) (th	is haspital) atte	ended the deceas	ed fram	that in Ir	, 19_10	/, to 3	nd on the de	that , that	(I) (W	e) last
saw tile	aeceasea a tated abave	e. (1) (we) (did)	(did nat) view the	body after d	eath.	ny) (aur) upir	nan oeam accom	ea un ine aa	ne and naur	ana ira	ım me
22b. SIGNATURE		/		7				220	DATE SIGNED		
	6	Smin		DEGR	ATTEND E PHYS	ING A-ME	ED. STAFI		3-5	-68	1
22d. PHYSICIAN S					22e. AD	DRESS					
NAME (Type)	Levis	Brings,	H.D.			57 Fine	eene St.	Cumb.!	ud.		
23e BURIAL, CREMATIC	ON, 23b.	DATE	23c. NAME OF	CEMETERY OR	CREMATORY		23d. LOCATION (City	or Town)	(County)	(Stote	
3 REMOVAL Specify	3/	17/68	Hillow	est Bur	ial P	ark.	Cumberlar	id. A	llegany	Hd	
24. FUNERAL DIRECTOR	2		ADDRESS			250 REC'D BY	REGISTRAR 1968	b. REGISTRARS	SIGNATURE	odl.	
H. Wayn	e Georg	re Cumber	land, "ar	yland		DATE MAK	8 1968	A Conta	THOU ARE	9	,



MARYLAND STATE DEPARTMENT OF HEALTH



director, page 3 should be detoched for use os the buiol-transit permit. Then pleose remove carbon papers. Pol should be filed with the Stote Dept. of Health prior to buriol, cremation, or removol, and in any event, within 72 hours **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hour the ottending physicion and completely filled in by sit permit. Then please remove carban papers. signed by physician. Page 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been

03410

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		CERTIFICATE	OF DEATH			133	91
1 DECEASED NAME First (Type or print) ROY	Middle A.	HENLE	ost Y	2a. DATE OF DEA		8X Years	26. HOURA 3:50 M
3. SEX MALE	4. RACE WHITE		TE OF BIRTH 0 1 -25 -07		1100 1111 10010	F UNDER 1 YEAR AONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
7a BIRTHPLACE (State or foreign country) PENNSYLVANIA	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	VER MARRIED DIVORCED X	9. COUNTY OF DE			Md
10. CITY OR TOWN OF DEATH CUMBERLAND	11. NAME OF HOSPITAL OR gives'A代格性的 HE,			AL OCCUPATION (Kil ast af warking life	, even if retired.)	125 KIND OF INDUSTRY	BUSINESS OR
13a USUAL RESIDENCE (Where decease odmission) STATE MARYLANI	ed lived, if institution: Residence before	OLDTOWN		MITS? 13e STREET	TAND NUMBER #1, OLDTO	WN, MD	•
14 FATHER'S NAME First WILLIAM	Middle Last S. HENL		HER'S MAIDEN NAME F	iist IENR LETTA	Middle	Н	Last ENLEY
16a. WAS DECEASED EVER IN U.S. ARA Yes, no. ar unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURI 214-07-	1.00	MANT PITAL RECO	ORDS - CU	Address 90 MBERLAND,	MD. 2	N DR I VE 1502
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE (b)	Gueror	nory &	Tilu	lihere		MATE INTERVAL INSET AND DEATH
stating the underlying cause last.	DUE TO, OR AS A CONSÉQUENCE (c)	Ur /	- 0				

CERTIFICATION

20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION CAUSES OF DEATH? NO 🗀 YES 🗍 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day

21d INJURY OCCURRED
While Not while of work AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County 21e. PLACE OF INJURY

220. I certify that (1) (this haspitol) ottended the deceased from 1964, 1964, ta 2/14, 1965, that (1) (we) lost saw the deceased alive on 1964, and that in (my) (our) apinion death occurred on the date and hour and from the couses stated above (1) (we) (did) (did not) view the body after death.

22c. DATE SIGNED 225. SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF PHYS. EGREE 22e. ADDRESS / PHYSICIAN'S NAME (Type)

26753 POTOMAC RIDGELEY ST. 23a BURIAL, CREMADON, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County)

REMAINS 250 REC D BY REGISTRAR DATE MAK 2 1 24. FUNERAL DIRECTOR James F.

VR A15 (4) 30M REV 1/68-

director,

MEDICAL

Scarpelli, Cumberland, Md.

State

(State)

. 1

DECEASED-NAM First Middle Lost requires that the death certificate be executed within 24 haurs after death. (Type or print) HERPICK. CARL W. S. DATE OF BIRTH 3. SEX 4. RACE physician and completely filled in by the fuent please. Pages Jovol, and in ony event, within 72 hours after MALE WHITE 04-11-95 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED | country) MARYLAND U.S.A. WIDOWED DIVORCED [7] 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital LA VALE 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE MARYLAND 13b. COUNTY LA VALE 14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Miranda Herpich 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) HOSPITAL RECORDS burial, cremation, or removal, 21/-05-9709 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. C.V.A. IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove CEREBRO-VASCULAR DISEASE GARTERIOSCLEROSISO buriol-transit rise to immediate cause (a), ģ DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending PATIENT HAD MULTIPLE CVA'S DURING THE PAST 2 YEARS O FUNERAL DIRECTOR: After this certificate has been for use as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? NO X YES [210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TO DR CONTRIBUTING TO CAUSE OF CEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) , page 3 should be detached be filed with the State Dept. of 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 1 21f. LOCATION Street or RFD No. While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive on... couses stoted above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE MED DIRECTOR **ATTENDING** DEGREE PHYS. 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 62 GREENE ST., CUMBERLAND, MD. 21502 director, p DR. R. W. BALLIN 23a. BUR.AL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sunset Memorial Park 1.968 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR

KIGHT'S FUNERAL HOME-309 DECATUR ST., CUMB.

30M REV 11/68

MARYLAND STATE DEPARTMENT OF HEALTH DEVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR P 03 6 AGE (In years IF UNDER 1 YEAR last birthdoy) MONTHS 9 COUNTY OF DEATH ALLEGANY COUNTY 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER NO X 9 ASHBURY AVENUE

Middle

Rice

20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County

22c. DATE SIGNED

(County)

25b. REGISTRAR'S SIGNATURE

Allegany Md

CAUSES OF DEATH?

City or Town

23d. LOCATION (City or Town)

Cumberland

CUMB. MD.

900 SETON DRIVE

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

I DAY

3 YEARS

State

(State)

- |] -A . A '71 2 A 4 10 4 T.J

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate le executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Page 1 and propers and the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs of ter dept.

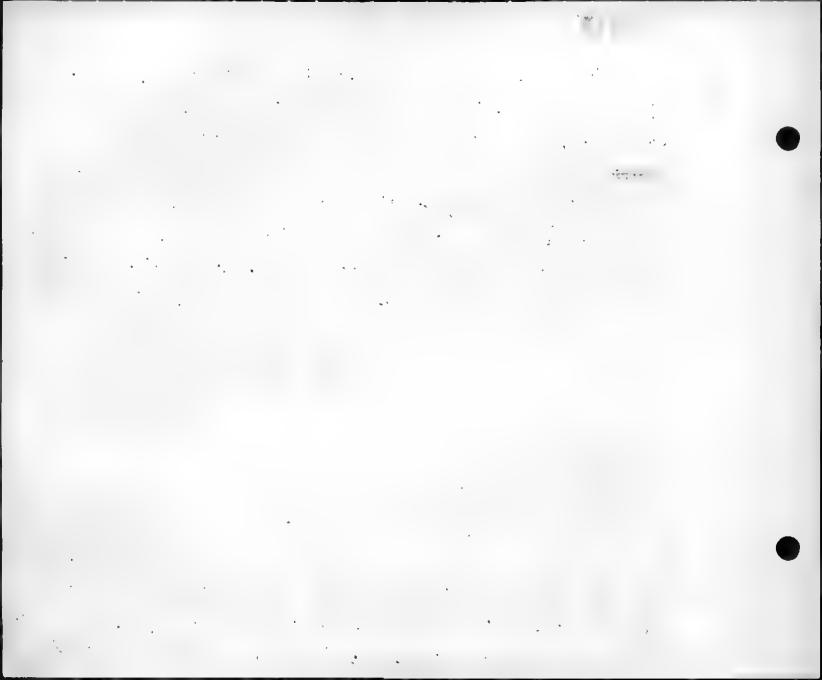
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

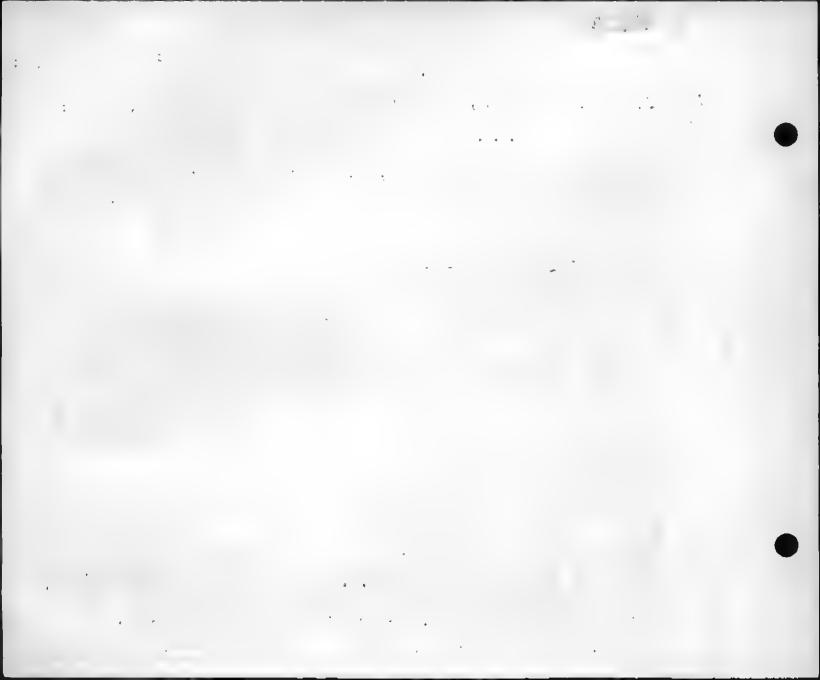
			,	LIXIIIICA	IL OI DEATH				- :
	DECEASED-NAME	First	Middle		Lost	2o. D	DATE OF DEATH	5 V	25. HOUR
((Type or print),	WILLIAM	LEWIS		HETZ		3 Manth 2	9th, 68	16P/1
3. \$	SEX ·	4. RACE		S	DATE OF BIRTH		6. AGE (in years last birthday)		
	MALE	W	HITE		AUG. 11t	h.189	73	YRS. MONTHS DATE) JOURS MIN
	BIRTHPLACE (Stote or foreig	n 7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. COU	NTY OF DEATH		
COU	MARYLAND	บ.5	S.A.	WIDOWED			ALLEGANY CO	OUNTY	Md
10	CITY OR TOWN OF DEATH		NAME OF HOSPITAL OR INS	TITUTION (If not	in hospital 12a US	SUAL OCCU	PATION (Kind of work do		OF BUSINESS OR
	FROSTBURG	givi	e street oddress) MINERS HOS	SPITAL	during	ABORI	king life, even if retire	od.) IUMBER	MILL
13a odn	USUAL RESIDENCE (Where mission) STATE ARYL	deceased lived, if instit	. /	13c CITY OR T AVILTON		NO TY	13e. STREET AND NUMBER	t	
14.	FATHER S NAME First	Middle	Lost	1\$.	MOTHER'S MAIDEN NAME	E First	Middle	0	Lost
	CH	ARLES	HETZ			CATH	ERINE	G	EORGE
160	yes, no, or unknown)	.S. ARMED FORCES?	16b. SOCIAL SECURITY N	IO. 17. INF	ORMANT	-	Addres	2	
	YES, no, or unknown)	1/1/1/1	208-16-37	45 M	S. IDA G.	HETZ.	RT. 1. LON		
	1B. CAUSE OF DEATH (E		line for (a), (b), and (c).)		0 -	0	\		DX:MATE INTERVA. Y ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: MMEDIATE CAUSE (6)	Coro	nas	1000	elu	sion	12	tirs.
	1, 109		AS A CONSEQUENCE OF	1.	-	1 -	0		
	Conditions, if any, which		4	dul	well	lepi	o-aclero	aco	
	stating the underlying		AS A CONSEQUENCE OF						
	lost.								
	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIB	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE C	OR CONDITIO	IN GIVEN IN PART I(a)		
No	4 .								
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		20b IF YES, WERE FINDIN CAUSES OF DEATH?	GS CONSIDERED IN	CERTIFYING
RTIF		Len Villa		Ta- i	YES NO				
			UF INJURY . Month Doy Year	21c. HOV	INDURY OCCURRED (E	nter nature	of injury in Port 1 ar Par	# 2, Ifem IB.)	
MEDICAL	(If either, notify medical				relati c B.c.		F		Fina
2	21d IN.URY OCCURRED While Not while at wark	218. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	2 1t. EUC	ATION Street of R.F.D.	No.	City or Town	County	State
	at wark at wark	(1) (Al.:- L : L - 1)			7 - 7 - 10	14. 6	10 2 - 3 2	10 4 D sh	at //\ /\ l=
	saw the decea	(I) (INIS-NOSpiraI) (I)	rended the decease	968 and	that in (my) (ever)	nounion d	ta <u>3 ~ 200,</u> leath accurred on the	e date and hou	it and from the
	causes stated	abave, (I) (we) (did) (did not) view the l	oady after de	ath.	opo o	or or or or or or		, did ii diii iii d
	22b. SIGNATURE	1.1.0	61:1	nn.	ATTENDING -	MED	STAFF C	22c. DATE SIGNED	
		7 () x	Filh	DEGREE	HYS.	DIRECTOR	PHYS.	3-20	-68
	22d. PHYSICIAN'S NAME (Type)			1/ 5	22e. ADDRESS	4 #3T Ø	m mooney	700 100	
	INVINE (13he)	H. C. DIEH		M.D.			T., FROSTBU		
230	BURIAL, CREMATION,	23b. DATE	23c. NAME OF			23d.	LOCATION (City or Town)		(State)
	BUISTA Localy)	4-1-68	MT. ZIO	ON CEME			Tank Tank	GARRETT	, MD
24.	FUNERAL DIRECTOR	DIDOM OF	ADDRESS	אר אחוום		D BY REGIS		RAR'S SIGNATURE	1 4.0
	JUDEPH R	. DURST, SE	rausti	BURG, M	DATE .		4000 17	Linulas	udella



MARYLAND STATE DEPARTMENT OF HEALTH 33613 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH DECEASED-NAME First Last 2b. HOUR requires that the death certificate be executed within 24 hours after death. gud (Type or print) Month the tuneral Robert S. DATE OF BIRTH JE JINDER I YEAR Æ JNDER 24 HRS. 6. AGE (In years last birthday) MONTHS DAYS HOURS Colored 210 physicion and completely filled in by 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED bon popers. within 72 ho WIDOWED IV DIVORCED [77] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) please remove carbon 3d INSIDE CITY JIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY 14. FATHER'S NAME First Middle MOTHER'S MAIDEN NAME First 2 17. INFORMANT 16a. WAS DECEASED EVER ARMED FORCES? Yes, pg. or unknown) the attending passit permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) cremation, Canditians, if any, which gove) buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed I PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) hos been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NÖ this certificote 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) far HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21f. LOCATION Street or R F.D. No. State City or Town County While Not while at work O FUNERAL DIRECTOR: After maral 271968, that (1) (we) lost 22a. I certify that (1) (this haspital) attended the deceased fram. Man 19 69, to work 2719 68, and that in (nty) (our) opinion death occurred on the date and have and from the saw the deceased alive on... be retoined should causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE/ 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, plnous 23g BURIAL CREMATION 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the kinneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, Pages II and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 thours are death

death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CER	RTIFICAT	E OF DEATH	1			000	12.41
(1		LEWIS		Middle	HOR		20. }	DATE OF DEATH AARCH Manth			2b. HOOR N
	X MALE		ACE WHITE		5.	DATE OF AIRTHO7		6. AGE (In last birth		1F JNDER 1 YEAR MONTHS DAYS	F JNDER 24 HRS. HOURS MIN
coun		URG, MD.	IZEN OF WHAT COU	A. w	IDOWED 📋	NEVER MARRIED DIVORCED	ALI	EGANY			Md
	CUMBERL	AND	give street at		OSPIT	AL drung	prost of v	The state of the s	retired)	126 KIND OF INDUSTRY Celane	
	USUAL RESIDENCE (WH ssion) STATE MD	lere deceosed lived	d, if institution: Res	Idence before 13c	CUMBE	RLAN DES	NOX	RT 5 E		42 Winc	hes ter
	J	irst IOSEPH	Middle C	HORTON			IANE		Middle	LEWIS	S Lost
	WAS DECEASED EVER (es, no, or unknown)	IN U.S. ARMED FOR (It yes give wor or dates	s of service)	CIAL SECURITY NO. 7-10-505	17. INFO	EMORIAL	HOSE	PITAL, N	MENTOR	AND	/E.
	18. CAUSE OF DEATI PART I. DEATH V	H (Enter only one o WAS CAUSED BY, IMMEDIATE CAUS	C re	1), (b), and (c).)	TR	rombon	2 -	m ds			NSET AND DEATH
	Conditions, if any, w	hich gave }	UE TO, OR AS A COM	NSEQUENCE OF	lejec	ardio	15	rforces	ton	50	lay
	stating the underlyi		UE TO, OR AS A COI	NSEQUENCE OF	ris	clero	-24	2		14	12.
N.	PART 2. OTHER SIGNS	FICANT CONDITIONS	S CONTRIBUTING TO	DEATH BUT NOT R	ELATED TO TH	E TERMINAL DISEASE (OR CONDITI				
CERTIFICATION	19a. DATE OF OPERATION		ION FOR WHICH OPE	RATION WAS PERFOR	RMED	20a, AUTOPSY? YES NO		20b. IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CE	RTIFYING
MEDICAL CE	210 ACCIDENT WAS OR CONTRIBUTING () (If either, notify med	cause of Death lical examiner)	P.M.	h Day Yeor 19		INJURY OCCURRED (E	nter noture	e of injury in Port I	or Part 2, It	em 18.)	
M	2 d. INJURY OCCURR While hot while at work of wark		OF INJURY (AT HOME OFFICE B			ION Street or R.F.D		City or Town		County	State
	22o. I certify th saw the de couses stat	ed abave, (I) (1	we) (did) (<u>did n</u> d	at) view the bad	rom 9 2 , ond th ly after dea	19 (my) (our) (our) (our)	opinion (toyrzac 7 death occurred	an the dat	, thot e ond haur	(I) (we) lost and from the
	22b. SIGNATURE	0. 1fr	sys of	wright	DEGREE	ATTENDING PHYS	MED DIRECTO	R STAFF PHYS.	22c D	ATE SIGNED	68
	22d. PHYSICIAN'S NAME (Type)	R. R.	J.WMS.					D, MD.			
	BURIAL, CREMATION, REMOVAL (Spesify)	236 DATE 2 1ar. 3		23: NAME OF CEM Hillcres		ial Park	C	LOCATION (City or umberland	t he	(County) Legany	(Stote)
24.	FUNERAL DIRECTOR	е Септае	Cumber	ADDRESS Land Md.		2So. REC	BY RIGI	STRAR 1968 SSb. F	COURSE !	CHATURE	ye.

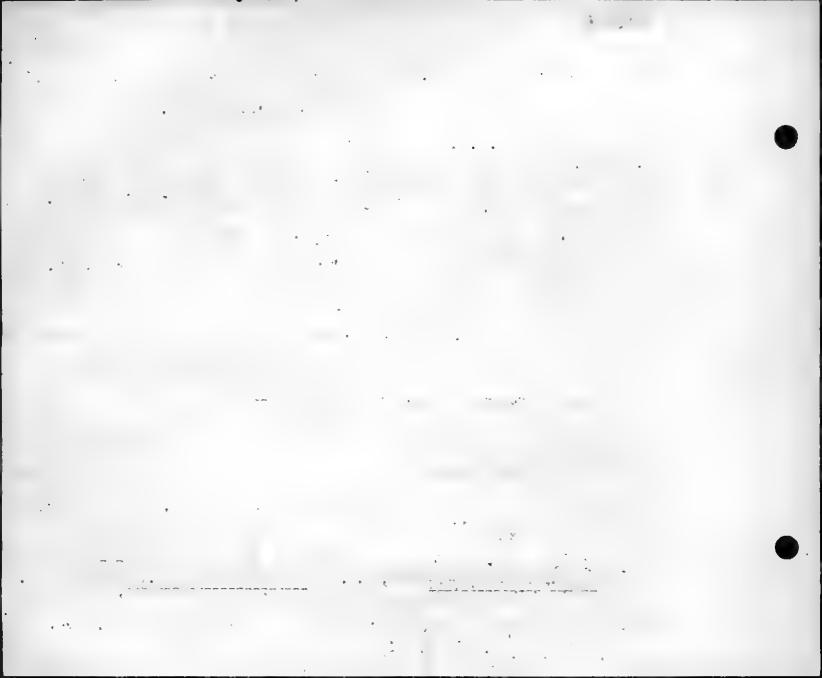
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03416 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUA DECEASED NAME First Middle Lost 2g DATE OF DEATH requims that the death certificate be exacuted within 24 bours after death. E E (Type or print) LULA Ε. HOUCK MARCE 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IS TIMMED last birthdoy) DAYS HOURS MONTHS FEMALE WHITE 12/1887 JANUARY 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED ALLEGANY MARYLAND WIDOWED [X DIVORCED physician and campletely filled en please remave carban pabe 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR MEMORIAL during most of working life, even if retired.) INDUSTRY ¥. CUMBERLAND Housewife Home 130 STREET AND NUMBER 249 CENTENNIAL any event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13b. COUNTY FROSTBURG MARYLAND 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost the attending physician an sit permit. Then please remarkant and in a transval, and in SAMUEL BARNCORD BOGUE WITHEMINA 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ogygknown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAND, MD. NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISEY AND GEATH PART I, DEATH WAS CAUSED BY Multiple Pulmonary Embolis davs IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if any, which gave) AdenoCarcinomo Colon 7 months rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) as the O FUNERAL DIRECTOR: After this certificate has been Arteriosclerotic Cardiovascular Disease--206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? NO 📑 YES 🔲 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) و OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M shauld be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from July , 19 67 , to Feb. , 19 68 , that (I) 1984 last saw the deceased alive an Feb. 29 1968 , and that in (my) (Fur) apinian death accurred an the date and hour and from the O HOSPITAL OR ATTENE Page 4 may be retained causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED: DIRECTOR 3-3-68 DEGREE PHYS PHYSICIAN'S M. D. 22e. ADDRESS 133 Virginia Ave. Cumbelland, Md. 122-5:-- CENTRE- 3TREET CUMBERLAND, directar, p (State) MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION (County) BUMOYAL (Specify) Boonsboro Wash. Md. Boonsboro, Cemetery 25b. REGISTRAR 5 SIGNATURE 2Sq REC'D BY REGISTRAR VR A15 4 1968 Lianter Balto Ave. Cumberlandale MAR 30M REV 1/68

Md.

MARYLAND STATE DEPARTMENT OF HEALTH



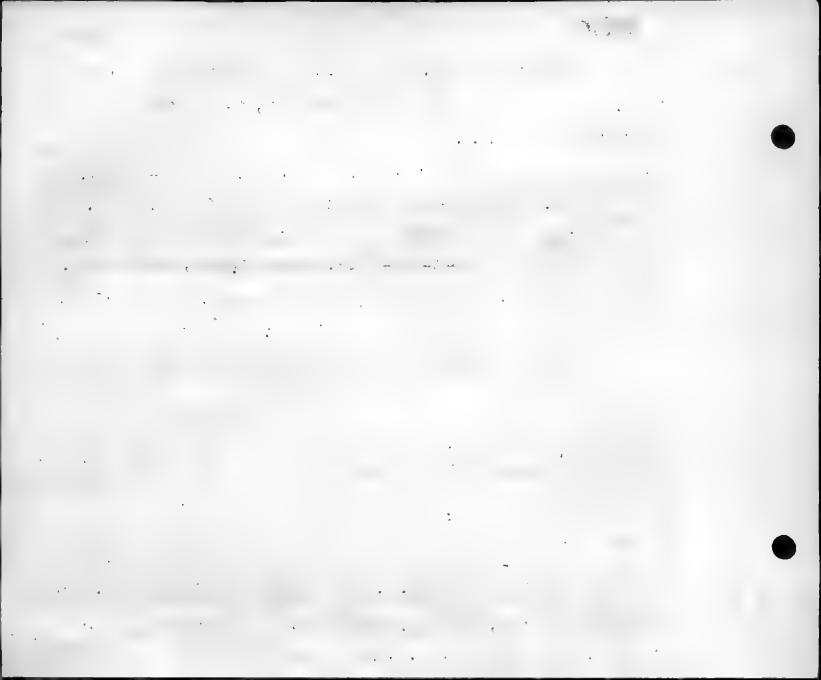
funeral

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF BEATH

				FIXIII IX	AIL OI DLA	111				
	YPE OF Print) PC	rtha	Middle A.		Lost HUFF		DATE OF DEATH MARCH Month 8	Doy 1968		2b HOUR M
	EMALE	4. RACE	WHITE		S. DATE OF BIRTH JANUARY 2			MONTHS YRS.	DAYS HOL	JNDER 24 HRS. HJRS JM N
COMP	BIRTHPLACE (State or foreign	75 CITIZEN OF WH	.A.	WIDOWED			NTY OF DEATH			Md
F	ITY OR TOWN OF DEATH ROSTBURG	give s		OSPITA	L RE	ing most of v	IPATION (Kind of work d vork ng life, even if retir PRESSER —P	AJAMA F	IND OF BUSING STRY ACTOR	
odmi	USJAL RESIDENCE (Where decosion) STATE MD	13b COUNTY	ALLEGANY	13c. City or FROST	BURG YES		13e. STREET AND NUMBE	ONG ST.		
	ATHER'S NAME FIRST BENJAMI WAS DECEASED EVER IN L. S. A		Lost HUFF 1166- SOCIAL SECURITY N		. MOTHER'S MAIDEN N. ST NFORMANT	AME First JSANNAT	Midd	DE	AL.	ost.
			212 <u>-01</u> -980		RS. HAZEL	McCLT		TBURG,	MD .	
	Conditions, if any, which gov rise to immediate cause (a stating the underlying caus lost.	(b)	AS A CONSEQUENCE OF		Anteriose	brotie	CVD -	- 2	oyes	??
NOI	PART 2. OTHER SIGNIFICANT (NON	1E	SE OR CONDITIO		uoc couringer	To las consul	THE STATE OF THE S
CERTIFICATION	X	X	ICH OPERATION WAS PER			NO 🔀	20b. IF YES, WERE FINDII CAUSES OF DEATH?			TING
MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF CO	HOUR A.M. P.M.	Month Doy Yeor		,	X	of injury in Port 3 or Po	rt 2, Item 18.)		
	of work of work		AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.		× ,		City or Town	County		Stote
	22a. I certify that (I) (saw the deceased couses stated abo	this hospitol) otto alive an ve, (I) (we) (did)	ended the decease (did not) view the b	d from 9.5.8, on oody ofter	that in (my) (ou leath.	19 <u>68</u> , r) apinion a	to	, 19 <u>& & ,</u> ie date and	that (I) hour and	(we) los from the
	22b. SIGNATURE In	artine	mothers	TEnger	11110	MED. DIRECTOR	STAFF PHYS.	22c. DATE/SIGN	168	/
	22d. PHYSICIAN'S NAME (Type) [M	ARTIN ROTH	HSTEIN, M.				, FROSTBURG		215	32
	BURTAL M	ARCH 11, 1			IAL PARK		LOCATION (City or Town) FROSTBURG,	MD.	,,	Stote)
	FUNERAL DIRECTOR JOSEPH R. DUR	ST. FROST	ADDRESS	21532	250. R	MAR I	3 1968 REGIST	RAR'S SIGNATU	Judg	6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. FO HOSPITAL OR ATTINGME FITYLICIAM: The law requires that the demth certificate by executed within 24 haurs after dead Page 4 may be retained by the hospital ar attending physician. VR A15 VA



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

1	1. DE	CEASED-N	AME .	First		Middle	Last			20. DATE OF DEAT			2b HOUR
П	(I	ype ar pri	mr) B	ALVERNA		E.		JONES	1	MARCH	Nanth Day	1968	2:45AM
ľ	3. SE	X			. RACE			S. DATE OF BIRTH	·	6. A	GE (In years	F JINDER 1 YEAR	IF UNDER 24 HRS
П		FEMA	ALE		WHITE			SEPTEMBE	R IO.	1882	t birthday) 5 YRS	MONTHS DAYS	HOURS MIN.
ŀ	7a. 8	IRTHPLACE	(State or	fareign 7b.	CITIZEN OF WH	AT COUNTRY?	8. 64 5 0 0	IED NEVER MARRIED		COUNTY OF DEAT			1
1	caun			IRGINIA				VED X DIVORCED	J	ALLEGAN			
ŀ	10 0		WN OF DEA			ME OF HOSPITAL OR INST		L-13	-	OCCUPATION (Kind		Tal Marin of	Md.
l		CUM	BERLA	ND, MD.	give s	treet addSACRED	HEA	RT HOSP.		af warking life, e		INDUSTRY	F BUSINESS OR
			SIDENCE (W	here deceased li	ved, if instituti				DE CITY EIMIT				
ľ	uanıı	ssian) S1	INIE M	ARYLAND	ISB. COUNTYAL	LEGANY	CU	MBERLAND YES	NO	J 628	BOWLING	G AVE.	
ı	14. F	ATHER'S N		First	Middle	Last		1s. MOTHER'S MAIDEN N	NAME First	t	Middle		Last
1			LOR	RENZO	В.	MC BRIE)E	1	MARTH	łA	٧.	KLIN	₹E
ŀ	16a.	WAS DECI	ASED EVER	IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY N	D. T	17 INFORMANT			Address		
l		es, n NO		(If yes give war or i		NONE		HOSPITAL	RECO	RD	7142-070		
1		18. CAUS	E OF DEAT	'H (Enter anly a	ne cause per lin	e far (a), (b), and (c).)						APPROX	IMATE INTERVAL ONSET AND DEATH
1		PAR	T I. DEATH	WAS CAUSED BY	:	CONGESTIVE	HE/	ART FAILURE				8 MO	
1		= 1	1 -	IMMEDIATE C	1 /	C A CONSTONENCE OF			-				
-		Condition	is, if any, v	vhich gave)	A A	RTERTOSCLE	ROT	IC HEART DIS	SEASE			20 Y	RS.
- [couse (a),	{D}								
ı				ing cause	DUE TO, OR A	SA CONSEQUENCE OF ENERALIZED	AR"	TER I OSCLEROS	ils				
1		last. 4	3 /	,	(c)								
١	Z.	PART 2.	OTHER SIGN	TES MELI	ITUS,	BASTRIC UL	CER	D TO THE TERMINAL DISEA GENERALIZE	SE OR COM	SCERAL F	ART 1(a) A I LURE		
1	CERTIFICATION	19a. DATE	OF OPERATI	ON 19b. CON	NONE	CH OPERATION WAS PER	FORMED		NO THE	20b. IF YES, 1 CAUSES OF D	WERE FINDINGS CO EATH? NON		ERTIFYING
1				UNDERLYING	21b. TIME OF	INJURY	21	c. HOW INJURY OCCURRED		ature of injury in F	Part I or Part 2. I	tem 18.)	
1		OR CON	TRIBUTING [CAUSE OF DEATH	HOUR A.M.	Manth Day Year		NONE			,	,	
1	MED		JRY OCCUR	dical examiner)	P.M.	AT HOME FARM STREET FACT	DRY 3 21	E LOCATION Street or D.I	ED No	City ar Ta		County	State
1		While p	ጉ Nat while	1	L OI HOURT	OFFICE BUILDING, ETC.	7 2	f. LOCATION Street at R.I	F.D NO.	city di 10	44.11	COBINY	31016
ł		at work "	of wark		. 15	1 1 1	1.6	JUNE 5	10 5	- MDRI	H 1 10	68	
1		220. T 4	rerrity in	iat (i) (inis n	ospiral ARC	naed the decease	u rom	and that in I mul late	, 17 <u></u> #Nonini	on dooth occur	11 1 19 19 19 19 1	oo , ma	(i) (we) last
ł		~ (0	w ille de uses stat	ed above. (L	(did)	(##/ot) view the b	atly af	ond that in (my) (of	77F ZP: 14	5 A.M	rea on the au	e ana noor	ond nom me
ı		22b 9 GN			7		107 01					ATE SIGNED	
ı	\mathcal{A}	-		7:	acci	neel my	٠, ١	DEGREE PHYS	MED	STA PHY	ff ┌┐ ३-	2-68	
1		20d PHY	SICIAN'S	/				22e. ADDRESS	- DIKE	CIOK - FIII	<u>, </u>		-
1	4	NAA	ME (Tγpe)	JAMES	P. HALI	LINAN, M.D			BEDF	ORD ST.	CUMBERL	AND. M	D. 21502
1	23 a.	BURIAL, C	REMATION	23b. DAJE		23 NAME OF C	EMEJERY	OR CREMATORY		23d, LOCATION (C)		o (Canaty))	(State)
	X	DEMOVAL	(Specify)	3/-	1168	Rose	Hil	(Cem		Cumbo	rland	alle	any M
1	24	FUNERAL	HRECTOR	10	0	ADDRESS					Sb. REGISTRAR'S	SIGNATURE	/
	0	Yan	us,	Alun	i Inc	. Cum	lu-	mx DATE	MAR	6 196	8 price	were y	weeks
- 8	-		675										

ofter death O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Fages shauld be filed with the State Dept. af Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2st Maurs Pagm 4 mmy be retained by thm haspital ar attending physman.

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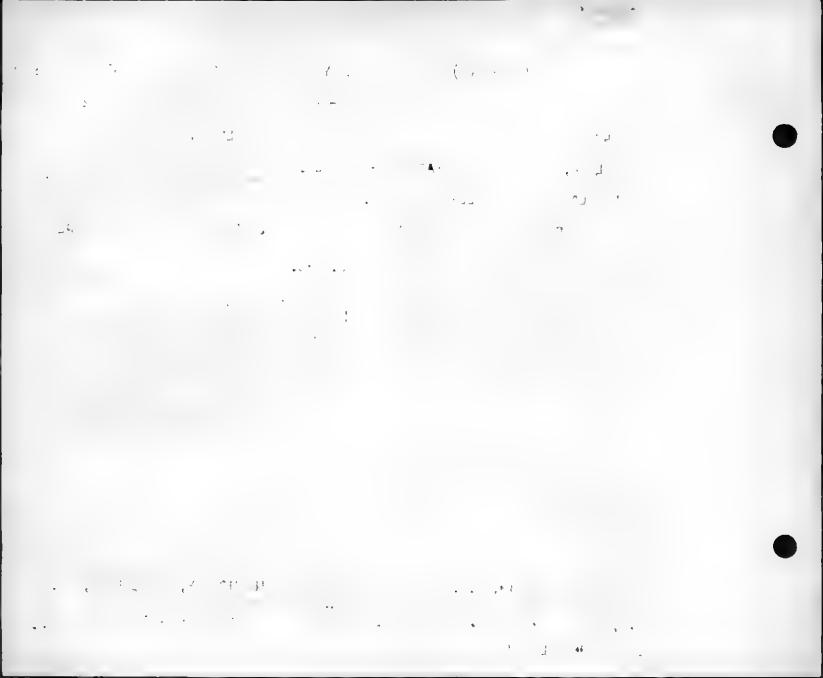
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR (Type or print) JOSEPH PAUL KEATING 3. SEX 4. RACE S. DATE OF BIRTH vithin 72 haurs after 6. AGE (In years IF UNDER 1 YEAR lost birthday) 59 YRS MAY 12th, 1908 MAIE WHITE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED NEVER MARRIED (COUNTRY)
MARYLAND WIDOWED DIVORCED U.S.A. ALLEGANY requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
MINERS HOSPITAL during most of working with even if retired) remove carban FROSTBURG CELANESE 13a USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATEARYLAND 13b. COUNTY ALLEGANY FROSTBURG 163 E. MECHANIC ST. burial, crematian, ar remayal, and in any 4. FATHER'S NAME IS. MOTHER S MAIDEN NAME First First Lost BERNARD KEATING MARY ELLEN GOLDSWORTHY 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, nover unknown) 214-07-3700 MRS. JOAN KEATING, FROSTBURG, MD. 21532 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate cause (a), O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? USe as CAUSES OF DEATH? YES 🗀 NO F 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 2-13, 1968, to 3-22, 1968, that (I) (we) last 3-21 1968, and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive on... causes stated abave, (1) (we) (did) (did-not) view the body after death. TO FUNERAL DIRECTOR: 22c. DATE SIGNED /68 22b. SIGNATURE ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 39 W. MAIN ST., FROSTBURG, MD. H. C. DIEHL. M.D 23o. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BOMOVAL (Specify) ST. PHILLIPS & JAMES CEM. MEYERSDALE, PA. 168 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



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M	REMOVAL (Spec	a] 3-	-17-68	Hillcrest	Burial Par	rk Ne	ear Cumberla		
A 7	34 FUNERALL DIRECT	F. K 20	fall ?	ADDRESS		25a REC'D BY REG		RAR 5 SIGNATUR	
VR A15ME (5) 20M REV 1/68	John J. H	afer Jr.	-230Baltin	ore Ave., Co	umb.,Md.	DAMAR 18	3 1968 Acc	comes yo	north !



MARYLAND STATE DEPARTMENT OF HEALTH 03421 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH -2 U Middle Last 20. DATE OF DEATH 2b HOUR DECEASED NAME First death. Manth (Type or print) 12:458 (BABY BOY) KENNEY IF UNDER 24 HRS. IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years law requires that the death certificate be executed within 24 haurs after 3 SEX last birthday) -BAYS MONTHS 3-6-68 WHITE MALE vurial-transit permit. Then please remave carban papers. burial, crematian, ar remaval, and in any event, within 72 hour 9 COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7o. 8IRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED the attending physician and completely filled in by sit permit. Then please remave carban papers. country) MARYLAND USA ALLEGANY WIDOWED [DIVORCED 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress INDUSTRY during most of working life, even if retired.) CRED HEART HOSP. CUMBERLAND. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13b. COUNTY ALLEGANY odmission) STATELARYLAND MT. SAVAGE YES NO . 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle KENNEY BEAL CAROL EUGENE 17 INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) HOSP, REC APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH CAUSE OF DEATH (Enter only one cause per line fag (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath alter O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [of far use of Health p Page 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) be detached 21d INJURY OCCURRED
While Not while at work / AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County State City or Town 220. I **certify** that (I) (this haspital) attended the deceased from 3 6 , 19 6 8 , ta 3 - 7 , 19 6 8 , that (I) (we) last saw the deceased alive an 3 - 8 , 19 6 8 , ond that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. shauld 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF director, page 3 should be filed v DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 1068 NAT'L HIGHWAY, CUMBERLAND, MD. NAME (Type) BDUL HASHIM. (State) 23o BURIAL CREMATION 25a, REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) % DURST FUNERAL HOME 30M REV, 1/68





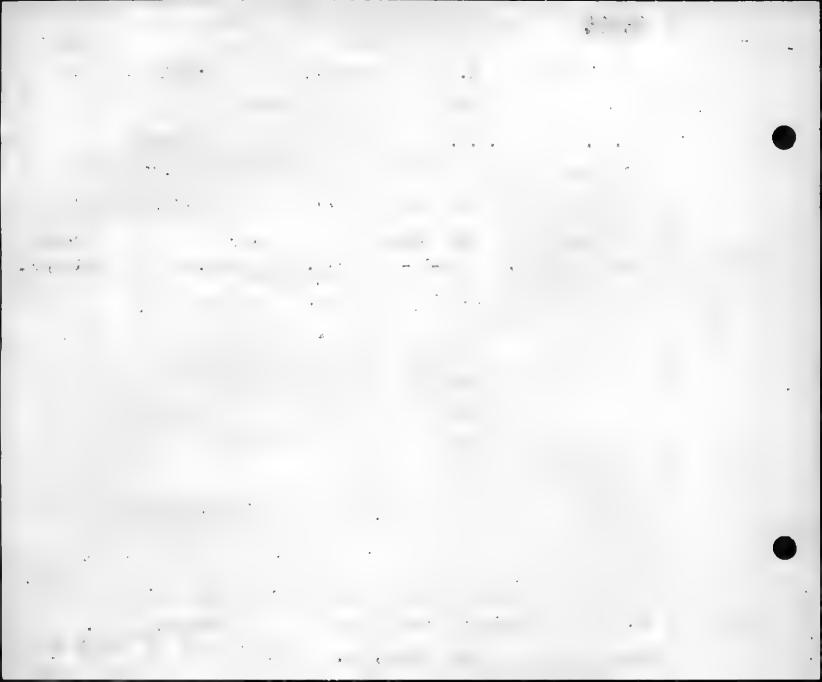
MARYLAND STATE DEPARTMENT OF HEALTH 03423 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 034114 I. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month 19 Doy 1968eor WILLIAM JE. KIRBY MARCH 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years So birthdoy) OCT. 22, 1887 MALE WHITE The law requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARYLAND DIVORCED [ALLEGANY U.S.A. WIDOWED (10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) MINERS HOSPITAL FROSTBURG 13a USUAL RESIDENCE (Where deceased lived, 'f institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY YES 📆 MT. SAVACE burial, cremotion, or removal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Middle Lost WILLIAM KIRBY STELLA CROWE physician 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, never unknown) 214-07-3220 RAYMOND KIRBY, LA VALE, MD. APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: GETWEEN QUISET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING USB 05 CAUSES OF DEATH? NO TS YES 🗔 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital), attended the deceased from how, 19.65, to how (1.719.68, that (I) (we) last saw the deceased alive an 19.68, and that in (my) (aur) apinian death accurred on the date and haur and from the director, poge 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR PHYS. ^{22e.} ADDRESS 5 BROADWAY, FROSTBURG, MD. 21532 22d. PHYSICIAN'S Ú JOHN B. DAVIS. M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE MAR. METHODIST CEMETERY MT. SAVAGE. MD. 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR 5 SIGNATURE

JOSEPH R. DURST, SR., FROSTBURG, MD. 21532

VR A15 [4] 30M REV, 1/68



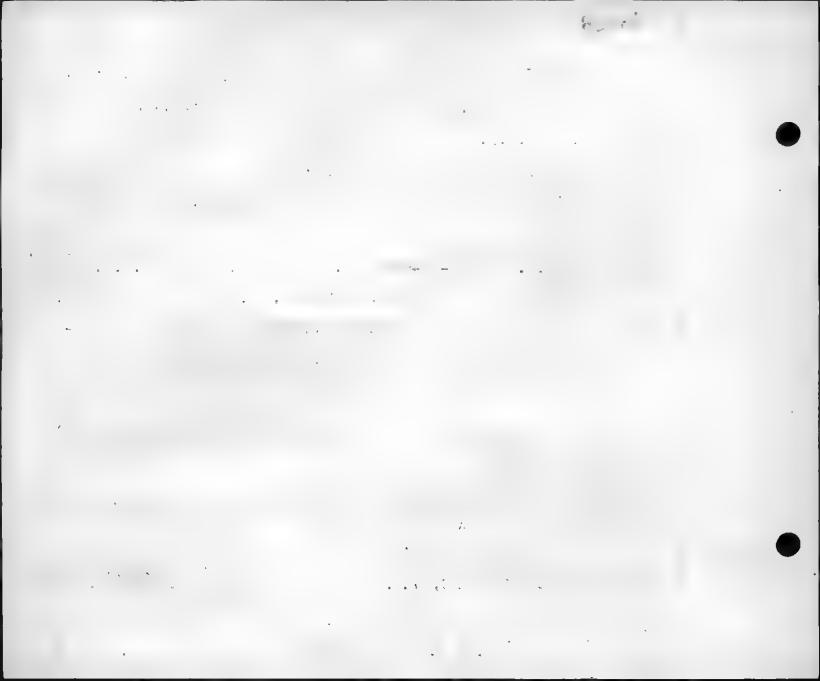
MARYLAND STATE DEPARTMENT OF HEALTH 03424 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death (Type or print) March H. Kitzmiller 26 Ezra 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years 7/13/1896 Male White 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED tease remave carban papers. and in any event, within 72 h country) U.S.A. WIDOWED 5 DIVORCED Allegany 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Hospital RIETTY ON THE TENENT COURT COURT Frostburg 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIM TS? admission) STATE Ma 13b COUNTY NO Se Allegany Lonaconing YES St Marys Terrace 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Last Kitzmiller Thomas Buckbee 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no neunknawn) (It had diss and on after of the ice) 236-12-0964 Mrs.Caryl Eichhorn Lonaconing, Md. burial, cremation, ar remayal, "Daughter" 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH Canditions, if any, which gave signed by the burial-transit p rise to immediate cause (a). O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21a ACCIDENT WAS UNDERLYING 2)b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No 2 d INJURY OCCURRED City or Town State County TO FUNERAL DIRECTOR: After this While Nat while at wark 22b, SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED. DIRECTOR 3.28.68 22e. ADDRESS 21539 NAME (Type) LONACONING 3/29/1968 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23d. LOCATION (City or Town) (County) (State) BYSYAH SECTY) Memorial Park Frostburg Md REC'D BY REGISTRAR 196825b. 24 FUNERAL DIRECTOR ADDRESS George Eichhorn Lonaconing, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03425 03406 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g DATE OF DEATH 2b. HOUR ours after death. (Type or print) Manth Francis Kroll 4 RACE 3. SEX 5. DATE OF BIRTH F JINDER I YEAR IF UNDER 24 HRS. burial rransit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after 6 AGE (In years last birthday) White 1/23/1902 Female 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA. WIDOWED [DIVORCED [Allegany 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Miners during most of working life, ever if retired.)
HOUSE WITE Frostburg Hospital completely 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? law requires that the death mrtificate lie executed admission) STATE Midland Main Street 14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Lost Lost Samuel Filer Nannie Fatkins 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Midland. Edward Kroll None APPROXIMATE INTERVA Husband 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the burial-transit Canditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta has been 20th IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO X YES [(Enter nature of injury in Part 1 ar Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED
While Nat while at work AT HOME, FARM, STREET, FACTORY, 21f LOCATION Street or RFD No 21e. PLACE OF INJURY City or Town County State 19.56 to VVIOA 1 5 , 1968 , that (1) (we) last O FUNERAL DIREITOR: After causes stated above, (1) (we) (did) (did not) view the bady ofter death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR **DEGREE** PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LONACONING BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3/8/1968 Frostburg, Memorial Park ADDRESS VR A15 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE George Eichhorn Lonaconing, Md. 30M REV. R 19\$8 DATE MAR



1342 Adivision of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DECEASED NAME 2a, DATE KNOWN Manth Year (Type or Print) 40 CHARLES CARL 11:15 AM LAURIE DEATH MATED 4 RACE 6 AGE (In years IF UNDER 24 HRS. 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR (ast birthday) 62 MALE YRS 7o BIRTHPLACE (State or toreign 9 COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. WIDOWED [ALLEGANY in Item 18 Give Poges 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) HEART HOSPITAL O. CITY OR TOWN OF DEATH 12a LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even (firetired) deoth. 13d. INSIDE CITY LIMITS? 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 14 FATHER'S NAME JACOB LAURIE HET.EN YOUNG Exominer's hours ADDPROSTBURG, MD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil (Yes, no, or unknown) 214-01-6667MRS. CHARLES C. LAURIE.R.F.D.1.BOX61 9 K within 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY OCCLUSION. SUDDEN CORONARY MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave CORONARY THROMBOSIS rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause SCLEROSIS CORONARY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X execute the certificote, NO [21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, item 18) 21g EXTERNA, CAUSE WAS 21b TIME OF IN, URY Month, Day, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF thuRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Store factory, office building, etc.) WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X. Inquiry X. and in my apinian death resulted fram Natural causes KX. Accident . Spicide . Undetermined manner Hamic'de CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER XX MARCH 7. Heolth BENEDICT SKITARELIC. M.D. ADDRESS(Street city, town, or county) CUMBERLAND. MARYLAND 50 23c. NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23d LOCATION (City or Tawn) (County) REST LAWN MEM. GARDENS CUMBERLAND ALLEGANY MI SOWERS HAFER-SOWERS FUNERAL 250 RECD BY HOME, 60 W. MAIN, FROSTBURGATE MAR 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE







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		00550	DIVISION OF			ATE OF DE		, maktento	21201	3	3.
death.		SED-NAME First or print) Margar	et.	Middle	Lea	lost	20.	DATE OF DEATH Mont		y 68 ^{Year}	2b. HOUR
fune 1 o	3. SEX	***** 8***	4. RACE			DATE OF BIRTH		6. AGE (I	n veors	IF UNDER 1 YEAR	IF JNDER 24 HRS
haurs after deat		Female	Whi			2/29/3	1880	last bis	thdoy) YRS.	MONTHS DAYS	HOURS MIN
	country	Md	75. CITIZEN OF W US A	١.	WIDOWED A			NTY OF DEATH Allegar	ny		N
xecuted within 24 I cample lely filled mave carboa paper ny event, within 72	1	or town of death Prostburg	give	IAME OF HOSPITAL OR INS	Hospi Hospi	inhospitol 1		PATION (Kind of varking life, even	work dane	126 KIND OI INDUSTRY	BUSINESS OR
ample (arrive carl	130 US admissio	JAL RESIDENCE (Where decease in) STATE Md.	13h GOUNTY	tion. Residence before	Lonac	own 13d la	ISIDE CITY LIMITS?	13e STREET AND Charl		wm St.	
be execution and camille remave	14. FATI	er's NAME First Howard	Middle	Lease		MOTHERS MAIDEN Rachae	NAME First		Middle		Lost
rificate hysicia n ple val, and	Ióo. W/ Yes	S DECEASED EVER IN U.S. ARMI no. ar unknown) (11 yes give wo	ED FORCES? Ir or dates of service)	None		FORMANT Evelyn	Rayne	r, Rt.	Address 2 Fr	ostbur	g, Md
equires that the death certificate be executed vphysician. signed by the attending physician and campler burial-transit permit. Then pleme remave carburial, cremation, or remaval, and in any event,	18	CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAT	IE CAUSE (o)	ge for (a), (b), and (c).)	e,	VA				APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
nat the or, y the attention	ris	nditions, if ony, which gave) e ta immediate cause (a),	(b) <u>G</u>	AS A CONSEQUENCE OF	ized	arte	wosd	<u>Lerosi</u>	2	you	us
The law requires that other that she is signed by see as the burial-trainth prior ta burial, cre	los	oring the underlying couse 1. IRT 2. OTHER SIGNIFICANT CONI	(c)		T RELATED TO	THE TERMINAL DISI	EASE OR CONDITION	ON GIVEN IN PART	1(a)		
The taw rec attending p has been s se as the b th priar ta b	'	33/X		HICH OPERATION WAS PER		20o. AUTOPSY?		20b. IF YES, WERI		CONSIDERED IN C	ERTIFYING
The rafter a the bas as use a thin print p	CERTIFICATION	o. ACCIDENT WAS UNDERLYING				YES 🗀	но 🗆	CAUSES OF DEATH	1?		
iclans pital o prificat af far af Hec	DICAL	OR CONTRIBUTING [] CAUSE OF DEATH either, notify medical examina	HOUR A.M. P.M.	Month Day Year			•	af injury in Parl	I ar Part 2,	Ifem IB.)	
the hose this center detache	- 21 W	hile Not while Work	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town		County	Stote
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 34 Page 4 may be retained by the hospital or attending physician. S FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then pleme remove carboa page should be filled with the State Dept. of Health prior ta burial, cremation, or remaval, and in any event, within 72	22	to. I certify that (I) (this sow the deceased all couses stoted above	s hospitol) att ive on \$2 (I) (we) (did)	ended the deceose (did not) view the l	d from 96. 8, and oody ofter de	thot in (my) (c	our) opinion o	to May. leoth occurred	 _, 19 on the de	・ ote and hour	(i) (we) lo and from th
be retored by the policy of th		b. SIGNATURE	uly	Am	DEGREI	* 111-0	MED. DIRECTOR	STAFF PHYS.	22c.	DATE SIGNED	8
TO HOSPITAL Page 4 may by FUNERAL Didirector, page should be file	22	d. PHYSICIAN'S NAME (Type)	MILE	SUR.	M.D.		YCON		MD.	215	39
Page Page To FUN direct	Bu		ate 1/9/196	23c NAME OF C		emeters		LOCATION (City or		(County)	(State)
VR A15 (4) 30M REV 1/68	24. FUI	eral Director George Eich	, . , .	Lonacor Lonacor		2Sa.	REC'D BY REGIS			SIGNATURE	The same



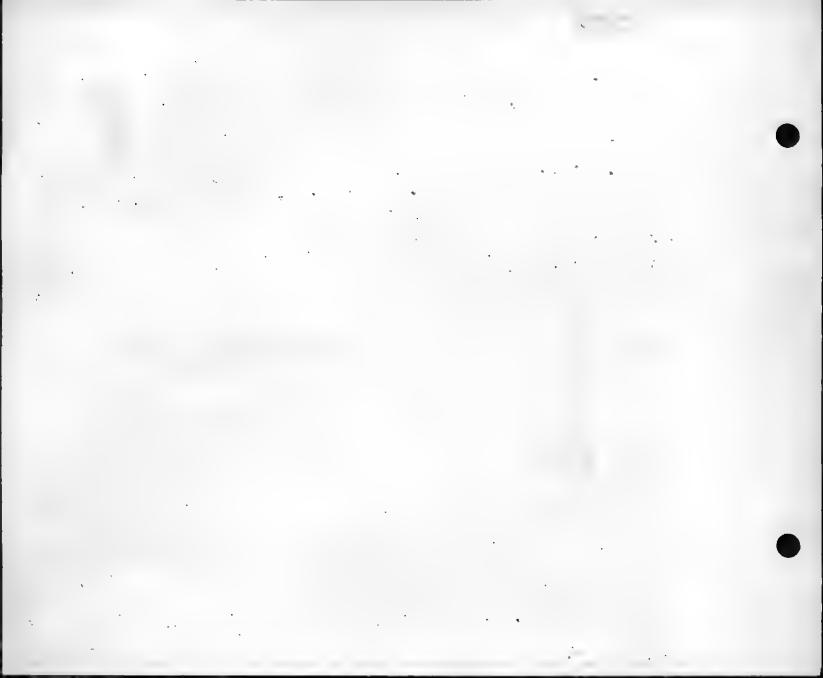
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3430 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 2o. DATE OF DEATH 2b HOUR (Type or print) MARCH Month ,1988 MARSHALL LOGSDON 3. SEX 4 RACE S. DATE OF BIRTH F JNDER I YEAR 6. AGE (In years log Kirthday) MALE WHITE JUNE 22. 1901 requires that the death certificate be executed within 24. hours 9 COUNTY OF DEATH
ALLEGANY physicion and completely filled in by 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED COUNTRARYLAND U.S.A. WIDOWED | DIVORCED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KiND OF BUSINESS OR CUMBERLAND 13o. JSJAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIM 157 13e STREET AND NUMBER odmission) STATE 13b. COUNTY MT. SAVAGE 14. FATHER S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First JAMES LOGSDON SOPHIA MICHAELS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address Yas no or unknown) 214-01-0055 MEMORIAL HOSPITAL CUMBERLAND. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH Conditions, if ony, which gove) buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been DOC 191-9 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO X 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 2 1967, ta 2 1144, 1968, that (I) (we) last saw the deceased alive an 1963 and that in (my) (our) apinion deoth occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED - ATTENDING MED. DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS 122 DR. W.A. VAN ORMER SO. CENTRE STREET. CUMBERLAND director, 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURLAL (Specify) MAR. 5 168 ECKHART CEMETERY ECKHART, MD. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DURST, FROSTBURG, DATE MAR Kligala



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HEALTH DEPT.			EASED NAME	First			M ddle		Last		20 DATE KI	MOWN THE MO	nth Day	y Year	26 НОЛІ
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- E			RTHPLACE (Stor	te or foreign 7	USA	WHAT COUNTRY	? B.	MARRIED K	NEVER MARRIED DIVORCED		INTY OF DEAT Allega				1
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hours after d Item 18. Give Office along v Iond2 with th			SUAL RESIDENT	ICE (Where decease E W.Va.	d lived, if inst 136, COUNTY		ence before		N 13d. INSID	NO NO	13e STREET	AND NUMBER		-	
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		16a W	AS DECEASED E	VER IN U.S. ARMED FO	RCES?	16b. SOCIAL	SECURITY NO.	17. INFOR	MANT Velma	Long,	Wiley	ADDRESS Ford,	W.Va	aWif	e
be executed w "pending" in pief Medical Ex- insit permit. Fill event within 7			IB. CAUSE O PART I.	F DEATH (Enter only DEATH WAS CAUSED IMMEDIAN	one cause per BY E (AUSE (a)	line far (a), (b), and (c).)	CORONAF	Y THRO	MBOSIS	5			APPROXIMATE BETWEEN ONSET SUDDE	AND DEATH
		2	ise ta imme	any, which gave diate cause (a), nderlying couse	(b)	OR AS A CONSE		CORONA	ARY ATH	IEROSCI	LEROSIS	S		==0==	=
s certificate should by, writing the word forwarded to the C used os a buriol-tr smoval, ond in any		1 6	ART 2 OTHER	SIGNIFICANT CONDI	TIONS CONTRIB.	JTING TO DEAT	H BUT NOT R	ELATED TO THE T	ERMINAL DISEASE	OR CONDITIO	ON GIVEN IN P	ART 1(a)			-
O = = E	1	CERTIFICATION	9a DATE OF	OPERATION			TION FOR WH PERFORMED?	CH OPERATION				**		20. AUTOPSY YES	
		3	ia External Primary [] (Cause of Dea	OR CONTRIBUTING	HOUR.	OF INJURY Mon A.M. P.M	th, Day, Year 19	21c HOW	INJURY OCCURRE	D (Enter natu	te of in Jry in	Part 1 or Part	2, Item	iB.)	
L EXAMINER: secute the certif Page 4 should or your files. RR:Page 3 shoul			I MIJURY OF AT WORK		LACE OF INJURY ory, office build	(At home, far ling, etc)	rm, street,	21f LOCAT	ION Street or R.F.	D Na	City or	Town	(ουντγ	State
ITY DICAL Ty, p ease exelered director. P Be retained for RAL DIRECTOR prior to burior			death to	certify that I to esulted fram. Benue					e , Har CHIEF MEI M.D. ASSISTANT		ER	mined man	ner		у оріпіо
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	1		EXAMINER'S NAME (Type)	BENEDI	CT SKIT	ARELIC	, M.D	•			- County	umberl			and
5 = = -5 = 3		Bi	BUR AL, CREMA REMOVAL (Soe LITLAI	Ma:				METERY OR (REA Memori	lal Cem	Cı	location (c	and,Al	lega	any, L	tate)
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MARYLAND STATE DEPARTMENT OF HEALTH 03432 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle **DECEASED-NAME** First Lost 20. DATE OF DEATH 2b. HOUR low requires that the death certificate be executed within 24 hours after death. (Type or print) Month awren DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) physician and completely filled in by the MONTHS nov. 28 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country DIVORCED [120. USUAL OCCUPATION King of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR during master worken give street address) Wit remove corbon RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY and in ony 14. FATHER'S NAME Last pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMAN Yes no or unknown) (It was given war or dajas at service) or removal, signed by the ottending CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) BETWEEN ONSIT AND DEAT PART I. DEATH WAS CAUSED BY: acute muse andead IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-tronsit nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause aveccoste PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate hos been 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (It either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.E.D. No. City or Town County State OFFICE BUILDING, EVO While Not white at wark of work at wark " O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from... many 190, and that in (my) (our) opinion death occurred on the date and hour and from the Feb sow the deceased alive on _ couses stoted grove (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c DATE SIGNED ue a. W DEGREE PHYS. DIRECTOR 22e. ADDRESS. 22d PHYSICIAN'S 3.6. WETSMAN NAME (Type) director, 23c NAME OF CEMETERY OR CREMATORY (County) 250 REC'D BY REGISTRAR REGISTRA VR A15 (4) 30M REV, 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03433 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR and 2 requires that the death certificate be executed within 24 hours after death (Type or print) Month JANE MC GOWAN MARCH 4. RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS FEMALE WHITE 01-07-95 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) MARYLAND U.S.A. WIDOWED 3 DIVORCED [ALLEGANY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Notking lide even if retired) CUMBERLAND HOME O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completed director, page 3 should be detached for use as the buriol-transit permit. Then please remove corporate 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 38 INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES [NO F MIDLAND P.O.BOX 4 cremation, or removol, and in ony 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First WILLIAM MANLEY CATHERINE LANGAN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknawn) (II yes give war or dates of service) 212-38-5601 HOSPITAL RECORD APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY LEFT VENTRICULAR FAILURE DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC AND CORONARY HEART DISEASE 2 YEARS Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? № ПХ YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21f, LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased framand that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive an 2 causes stated abave, (I) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR 3-27-68 director, poge 3 DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type)RALPH W. BALLIN, M.D. 62 GREENE ST. CUMBERLAND, MD 23c NAME OF CEMETERY OR CREMATORY
St.Michael Cemetery 23d. LOCATION (City or Town) 23a BURIAL, CREMAT ON, (County) (State) BREMOWIL Spicify) Frostburg Md Α. George Eichhorn ADDRESS FUNERAL HOME Lonaconing, Md. 24. FUNERAL DIRECTOR 25a. RECEAST REPISTER 30M REV 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Midale 20 DATE KNOWN (Type or Print) ESTIdelay is and 3 ta Page DEATH MATED MARCH 합 4. RACE AGE (In years IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S. DATE OF BIRTH puo PM3. 9/9/49 White YRS To BIRTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (OUNITY) Maryland WIDOWED [D. VORCED USA Allegany with the State IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp to 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) Student S'ACRED HEART HOSPITAL-BOA Near Cumberland 130 USUAL RESIDENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13d. INSIDE CITY JUM TS? 13e. STREET AND NUMBER 13b. COUNTY AT LEGANY STATE (goissambo in Item 18. YES ___ Flintstone Rural Route #2 and 2 offer 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Elizabeth Anthony Thomas McElfish hours 165 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be mxmcuted within in penci (Yes, no, or unknown) (If yes give wor or dates of service) None Mrs. Anthony McElfish. Route #2. Flintstone. Md-E permit. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY pending **ASPHYXIATION** IMMEDIATE CAUSE (a) __ DUE TO, OR AS A CONSEQUENCE OF COMPRESSION OF CHEST Conditions, if any, which gove rise to immediate couse (a), This certificate whould writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (AUTOMOBILE ACCIDENT farwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? execute the certificate. ö 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING crematian, Passenger in auto accident CAUSE OF DEATH 21d INJURY OCCURRED 2 e PLACE OF INJURY (At nome, form, street, 21f LOCATION Street or R.F.D. No. City or Town BEDFORD AT WORK AT WORK BEANS COVE ROAD. 1 MILE NORTH, OF STATE LINE far 220 | certify that I took charge of the remains described above, held an Autopsy | x Inspection X Inquiry X. Accident X death resulted from Natural causes Suicide . Hamicide be retained Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER MARCH 23, 1968 DEPUTY MEDICAL EXAMINER 5 may | 70 FUNE Health BENEDICT SKITARELIC, **EXAMINER'S** M.D. NAME (Type) ADDRESS (Street, city, town, or could IMBERLAND, MARY LAND 230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Seven Dolard Catholic Cem. Beans Cove. Bedford, Penna. Buria 24 PHNERAL DURECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE

230Balto Ave. Cumb. Md.

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20. AUTOPSY?

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BETWEEK ONSET AND DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03433 CERTIFICATE OF DEATH Middle Lost 2b. HOUR DECEASED NAME First Poges 1 ond 2 10Doy (Type or print) Month the funerol 1968 Verna Metz Mar 4. RACE JE UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years HOURS Female White Oct. 10. 1905 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Mid-OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24-than U.S. A. WIDOWED | DIVORCED [Allegany I IN NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 126, KIND OF BUSINESS OR IO, CITY OR TOWN OF DEATH give street address) during most of working life, even if retired.) INDUSTRY signed by the ottending physician and completely f buriol-tronsit permit. Then please remove corbon burial, cremation, or removol, ond in ony event, with Frostburg Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER Barton odmission) STATE Md. 13b. COUNTAlleganv YES 🗍 NO SC IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle George Matz Emmaline Greenhorn 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (II yes give war or dates of service) Arthur Metz-Barton APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (d).) PART I DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO, OR-AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retoined by the hospital or attending CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? hos CAUSES OF DEATH? NO [YES [O FUNERAL DIRECTOR: After this certificote 216 TIME OF INJURY 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town 21d INJURY OCCURRED County Stote While Not while of work , 1965, to Vilou 10, 1968, that (1) (we) lost 22a. I certify that (I) (this haspital) attended the deceased from 1965, to 700, 1968, that (I) (we) lost saw the deceased alive an 200, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stoted above, (I) (we) (did) (did nat) view the body ofter death. 22r DATE SIGNED 22b. SIGNATURE/ **ATTENDING** director, page 3 should be filed w DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Loslie R. Miles NAME (Type) Lonaconing, Md. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (County) 3/13/68-REMOVAL (Specify) Laurel Hill Moscow Mills -Alle. Md. ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Westernport, Md. DATE MAR



33436

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0341

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	ECEASED-NAME	F rst	-	Middle			Lost		2a. D	ATE OF DEA	TH			2b.	HOURA
(Type or print)	Mrs.	My	m1	1//	li ch	ael		Mai	rch	Month 27 D	oy 7	968	111	:30
3. S	X	4 RACE	11.9		11		DATE OF BIRTH	I	I TOC	6	AGE (In years		ER 1 YEAR	16 JNDER	
	Female		hite						o.L.	وإ	ist birthdoy)	MONTHS		HOURS	MIN.
_							Jan. 3					i. [
/O. /OUI	BIRTHPLACE (State or foreign		OF WHAT COUNT	IRT?	6. MARR	IED 🗌	NEVER MARRIE			ITY OF DEA					
	ATTRITTA	US				VED 💽		<u> </u>		llega					Md
10. (CITY OR TOWN OF DEATH		11 NAME OF HO	SPITAL OR INS	TITUTION	(If not in	n hospital				d of work done	12b	. KIND OF	BUSINESS	SOR
	Cumberland							I			even ifretired.)	IND	OUSTRYOV	vn B	lome
30	USUAL RESIDENCE (Where of	leceased lived, if in	stitution: Resid	ence before	13c. CITY			INSIDE EITY LIM			AND NUMBER	1			
MIII	ssion) STATE Maryl	and list com	Alle	gany	Cun	iber	rland Y	PO NO		26 E	soone S	ι.			
4.	FATHER'S NAME First	Mid		Last		15. M	OTHER'S MAIDE	EN NAME Fir	rst		Middle			Lost	
	Fra	nk P	riddy				Mary	Laur	na (Guthe	ridge				
60	WAS DECEASED EVER IN U.S	. ARMED FORCES?	16b SOC	IAL SECURITY N	10.	17. INFO	ORMANT				Address	Gran	dsoi	1	
1		s give war or dates of servi-	(a)			Mr.	. Willi	lam Sh	nin	holt.	Cumber!	land	.Md		
_	no l		1 (/)	21.1 (2.1.1						,			APPROXI	MATE INTER	
	18 CAUSE OF DEATH (Ent PART (. DEATH WAS (411076 011										-	BETWEEN O		DEATH
	IN IN	.AUSED BY: .MEDIATE CAUSE (a)	Acu	te Cor	<u>onar</u>	y I	hrombos	is					Suga	en	
	* *	DUE TO,	OR AS A CONS	EQUENCE OF											
	Conditions, if ony, which		Arte	eriose	lero	tic	Cardio	mscu	llar	Dise	ase		vear	's	
	rise to immediate couse stating the underlying c	(0),(OR AS A CONS												
	lost.	(c)													
	PART 2 OTHER SIGNIFICAN	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)													
	471	_									` '				
NO.	190, DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERA	TION WAS PE	REORMED		20c. AUTOPSY	2		20h JE VES	WERE FINDINGS	CONSIDE	RED IN C	ERTIEVIN	G
FICA	Tro. Brite di di Eloviidit	775. CORDINOITIO	K WITHERT OF EKF	THOR TIND I LE	NI DWILD		YES [NO 🔯		CAUSES OF		CONSIDE	NED THE CI		
ERTI	210 ACCIDENT WAS UNDE	DIVINO LOU TU	UT OF BUILDY		las						0 1 0 10				
MEDICAL CERTIFICATION			ME OF INJURY A.M. Month	Day Year	21	C. HUW	INJUKY UCCUK	KED (Enter	noture	ot injury in	Port I or Part 2	, Irem la	.)		
즲	OR CONTRIBUTING CAUSE	xominer)	P.M.	19											
Σ	21d INJURY OCCURRED	21e. PLACE OF INJ	URY (AT HOME, I	ARM, STREET, FAC	TORY.) 21	f LOCA	TION Street o	r R F D. Na.		City or T	awn	Cour	ıty	5	tote
	at wark at wark														
	22a. I certify that (!	(this hospital)	attended t	he decease	d from		1954	, 19	, 1	o Lar	ch 1	9.68	, that	(I) (w	(á) lost
	saw the deceas	ed olive on 💵	aren 2	<u>U1</u>	9.68.	and t	hot in (mv)	(DUX) opin	nion di	eath occu	rred on the c	lote on	d hour	and fro	m the
	causes stoted g	bove (I) (we)	djd) (did not) yiew the l	body af	ter dec	oth.								
	22b. SIGNATURE		/ /	(ATTENDING	M.C.	rn.	CT		. DATE SI	GNED		
	9191	Men We	Lay	n	1	DEGREE	ATTENDING PHYS	ME ME	RECTOR	PH PH	AFF	3-28	¥68		
	22d. PHYSICIAN'S		/ /	/ <u>-</u>			22e. ADDRES	is							
	NAME (Type) Dr	.G. Overt	on Hin	amelwr	ight	t,MI	DA33 V:	irgin	ia	Ave.,	Cumbe	rlar	id, M	d.	
73 n		23b. DATE		C NAME OF							ity or Tawn)	(Cou		(Stote	0)
200		Apr.30,1					ial Pa:				Land, Al	4		,	7
74								o. REC'D BY			2Sb. REGISTRAR			riu e	
29.	"James" F. S	carpelli	L, Cumb	periar	ıd, i	Md.		ATE AP					4	144	_
	•						D _i	ATE AT	N A	_ 101	JU A	-,-	~ 1	0	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers the carband be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. JOM REV LYSS



250. RECORY REGISTRANGE DESSE REGISTRALES SIGNATU

1/PATE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV 1/68 24. FUNERAL DIRECTOR

Johnson Funeral Home, Berkeley Spgs. W.



MARYLAND STATE DEPARTMENT OF HEALTH

	03438	DIVISION OF VITAL RECORDS,				MORE, MAR	YLAND 21201						
ì			CERTIFI	CATE OF D	EATH			5,					
7	DECEASED-NAME First	Middle		Lost		20 DATE OF		A	AMHOUR				
\perp	(Type or print) William	m Alèxander	I	loore			Month [Pax 98 au	12:40				
3	SEX	4 RACE	-	S. DATE OF BIRTH	1		6. AGE (in years	IF UNDER 1 YEAR	IF JNDER 24 HRS				
ı	Male	White		4/15/1	881		lost huthday)	MONTHS DAYS	HOURS MIN				
7	o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIE	DDC 9	. COUNTY OF	DEATH						
(Barton, Md.	United States	WIDOWEI			Allegar	y County	. Cumber	land Mo				
). CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN			12a. USUAL	OCCUPATION	(Kind of work don	8 125 K ND O	F BUSINESS OR				
	Cumberland	Allegany Cou	nty Ir	firmary	due 116	st of working	ifecarpened	.) INDUSTRY					
		sed lived, if institution: Residence before	13c. CITY C		. INSIDE CITY COM	1.00 011	REET AND NUMBER						
	Marylandver Ave	. Allegany	£ umb	erland Y	EZ NO	62	20 Shrive	r Ave.					
jī	4. FATHER'S NAME First	Mrddle Lost		IS. MOTHER'S MAID		st	Middle		Lost				
	James	Walter Moore			Mary		Ann	Jo	nes				
Ī	60. WAS DECEASED EVER IN U.S. AR	to the state of th	NO 17	INFORMANT P.	O. Box	x_599	Address						
L	Ves. no. ar unknown) (If yes give	213-03-54	62 A.	Legany o	ounty	Iniiri	mary-reco						
1		nly one cause per line for (a), (b), and (c)).)	, , ,)	, 1			GMATE INTERVAL ONSET AND DEATH				
1	PART I, DEATH WAS CAUSED BY: Acute a close (a) acute acute belief by the survey appropriate Belley												
1	4 1 9 DUE TO, OR AS A CONSEQUENCE OF												
1		(conditions, if ony, which gove)											
ŀ	rise to immediate cause (o), stating the underlying couse			1	•	10							
ı	last. 4	(t) North	arlos	Eleros	ca			Many-	YEARL.				
ı	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED	TO THE TERMINAL D	ISEASE OR CO	NDITION GIVEN	IN PART I(a)	1//	/				
1	= (prkju	30UN AUSTRA	100	alhelen	ulss	, Du	derla	aread	2				
ŀ	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPSY	(?		YES, WERE FINDING	S CONSIDERED IN	CERTIFYING				
				ARR [HO 🗀	LAUSES	OF DEATH?						
				IOW INJURY OCCUR	RED (Enter	nature of injur	y in Port 1 or Part	2, Item 18.)					
	G CONTRIBUTING CAUSE OF DEA		9										
	ZIO. INJUNI OCCURNED ZIO	PLACE OF INJURY (AT HOME, FARM, STREET, FA		LOCATION Street a	r R.F.D Na.	City	or Tawn	County	State				
	at work at work												
	22o. L certify that (I) (th	his haspital) attended the deceas	ed_from	ebruary 2	2,196	<u>5 , teMai</u>	rch o		t (I) (we) las				
	saw the deceased o	alive on March 5	19 <u>00</u> , a	nd that in (my)	(aur) apin	iian death a	ccurred on the	date and hour	r ond from the				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV 1/68

enth

saw the deceased glive an March 5 1968, and that causes stated above, (I) (we) (did) (did not) view the body after deoth.

ATTENDING PHYS. 22g ADDRESS

MED. DIRECTOR

STAFF PHYS.

22c. DATE SIGNED

23a BURIAL, CREMATION REMOVAL (Specify) BURLLAT

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23b DATE 3-9-68

NAME OF CEMETERY OR CREMATORY FBG. MEMORIAL PARK

DEGREE

&OCATION (City or Town) FROSTBURG,

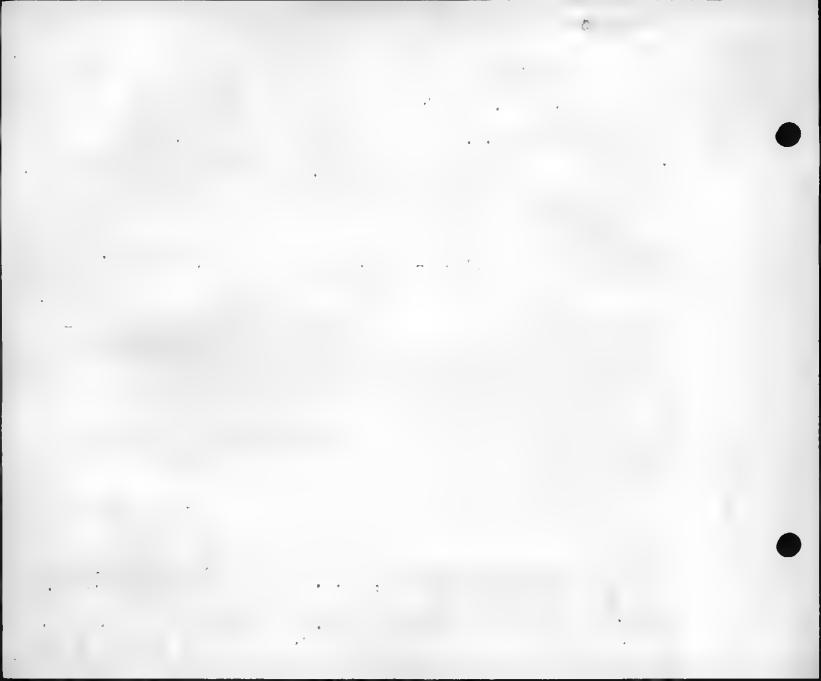
(County) (Stote) MD

FUNERAL DIRECTOR

ADDRESS JOSEPH R. DURST, SR., FROSTBURG, MD. 21532 25a. RECD BY REGISTRAR DATE MAR 13 1968



MARYLAND STATE DEPARTMENT OF HEALTH 1363 ODIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. DECEASED-NAME First M.ddle 20 DATE KNOWN (Type or Print) ÉSTI-OF **JEANNE** DEATH MATED # IE UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 2r. DATE PRONOUNCED DEAD 6. AGE (in years rast birthday) FEMALE 93 YRS March MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED . DIVORCED [77] Allegany 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY during most of working ife, eyen if retired } Frostburg House wife Domestic 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Frostburg Frost] ond ? 14, FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Daniel McMurdo Janet Craig hours poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ||encil Standish Dr. 14-32-2812 rederick Morton Frostburg, Maryland 正 ⊆ 18. CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c)) BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY SUDDEN OCCLUSION IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Conditions, if ony/which gove rise to immediate couse (a), This certificate should the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO F 210 EXTERNAL CAUSE WAS 21b T-ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF .NJLRY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 🖃 Inquiry x. ond in my opinion deoth resulted from Noturol couses 1. Accident | Suicide | Homicide | Undetermined monner CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAM NER March 23. 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy O FUNE Health SKITARELIC M.D. ADDRESS[Street, city, town, or countCumberland. NAME (Type) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 26-68 Frostburg Mem Frostburg 4. Fund Maj Lowers, Jr 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI





03641

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

		PLACE OF DEATH ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W	there deceased lived, if institution b COUNT	TY	rd Co.					
	i	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) ARTEMAS (Mann Township								
		CUMBERLAND	17 DAYS	d. STREET ADDRESS	MAS (IIIIII)		* IZ KEZIDENCE					
)		CLIMBERIAND d. NAME OF HOSHIA OF RESMUTION (If not in hospital, g MEMORIAL HOSPITAL		d. SIKEET ADDRESS			ON A FARM? YES NO					
300	- 1	(Libe at butt)	GRAYSON NOR	THERAFT	OF MARCH		19 68					
3	\$:	MALE 6. COLOR OR RACE WHITE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	2-7-97	9. AGE (In years last-pirihday) yrs.	Months Days	Haurs Min.					
	10o. duri	na most of working life even if retired) INF	ND OF BUSINESS OR DUSTRY ' m よいロ	ARTEMAS, F	State, or fareign country)	12 CITIZEN OF COUNTRY 2						
	13.	FATHER S NAME		14. MOTHER'S MAIDEN N								
	16	MI CHAEL NORTHCE			A WILSON							
		s no ar unknown). If If was nive war or dates of service)		INFORMANT SEMORIAL HO	SPITAL, CUM	BERLAND	, MD.					
		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	(a), (b), and (t).)	/	•	ON	ERYAL BETWEEN SET AND DEATH					
		IMMEDIATE CAUSE (a) DUE TO	rullipa s	my o laure			3 wh 3					
		Canditions, if any, which gave) (h)		0								
		rise to immediate cause (a). stoting the underlying cause (c)	_									
	.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19	WAS AUTOPSY PERFORMED?					
2	ATIO	X03X Wrune										
	L CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in E	Part For Part If of Item 18)							
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d IN While p.m. 19 at wark	Not While fac	ACE OF INJURY (Hame, form tary, street, office bldg., etc.)		(Caunty)	(State)					
		21. I certify that (I) (this haspital) attended the deceased fram										
		220. SIGNATURE I. C. Character M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 4/1/68										
		PHYSICIAN'S NAME (Type) DR. I. DROSS	S	22 COMBERI	AND, MD.							
		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR		5 ou thamptor	Yn) Twp.,	r) (State)					
	9.4	Burial 4/3/68	Mt.Zion Ce		, F	Sedford SISTRAR'S SIGNATU	Co., Pa					
	24	unford l. Connon		DATAPE	1000	liantes	udge					

TO IUNIBALI DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by finefuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages y and 2 shauld be filed with the State Dept. of ■alth priar to burial, cremation, or remay∎l, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours-ofter death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

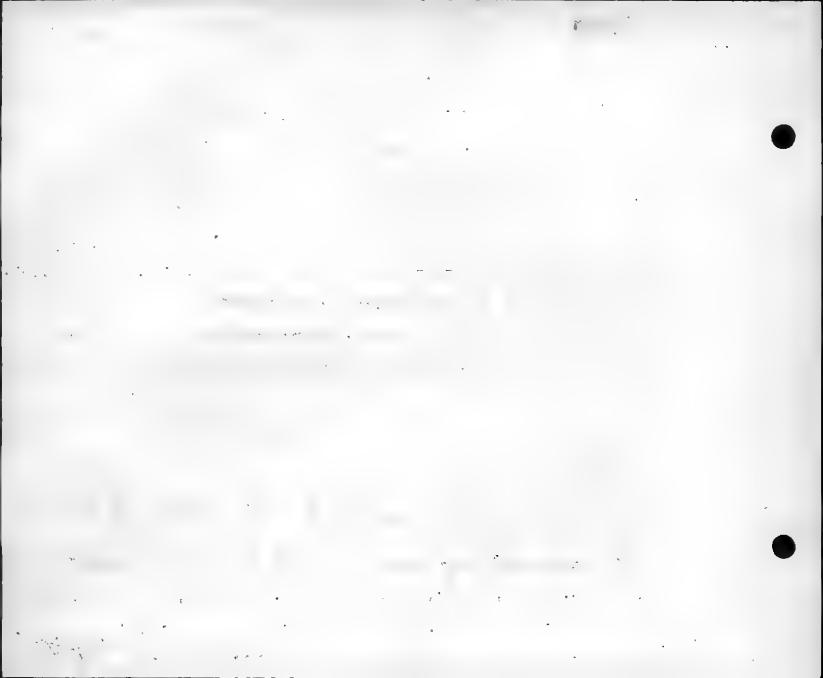


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Uds 48 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED-NAN 20. DATE KNOWN Month Day Year (Type or Print) 26,1968 March Iola DEATH MATED 4. RACE 6. AGE (in years IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH gug (yobhtrid tzai Aug. 23.1884 Colored Female 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED T DIVORCED Allegany with the State Cumberland IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OF during mast of working life, even if retired } INDUSTRY give street oddress)
Sacred Heart Hospital-DOA Cumberland 130 USUAL RES DENCE (Where deceased lived, finst-tution Residence before 13c CITY OR TOWN 3d INSIDE CITY . M TS? 13e STREET AND NUMBER odmissian) STATE TILINOIS 13b. COUNTY YES P NO 8152 Rhodes Ave. Chicago tem after 14. FATHER'S NAME 5. MOTHER S MAIDEN NAME First Catherine Mills Carey Thomas hours pages 760 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) (If yes give war or dates of service) Cumberland Forrest Page APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN . IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave CORONARY SCLEROSIS nse ta immediate cause (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse be farwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 10-41 remayal, nsed 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? YES [NO I 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e PLACE OF INJURY (At hame form, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty Stote factory, office building, etc.) WHILE NOT WHILE I 220 | certify that I took charge of the remains described above, held an Autopsy | 1 Inspection X. Inquiry X and in my opinion Notural causes X. Accident . Suicide . deoth resulted from. Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED March 26, 1968 DEPUTY MEDICAL EXAMINER DE **EXAMINER'S** Health BENEDICT SKITARELIC, M.D. NAME (Type) ADDRESS(Street, city, town, or county) CUMBERLAND, MARYLAND 50 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) REMOVAL (Specify) Cumberland Buri al Rose Hill 25b. REGISTRARS SIGN

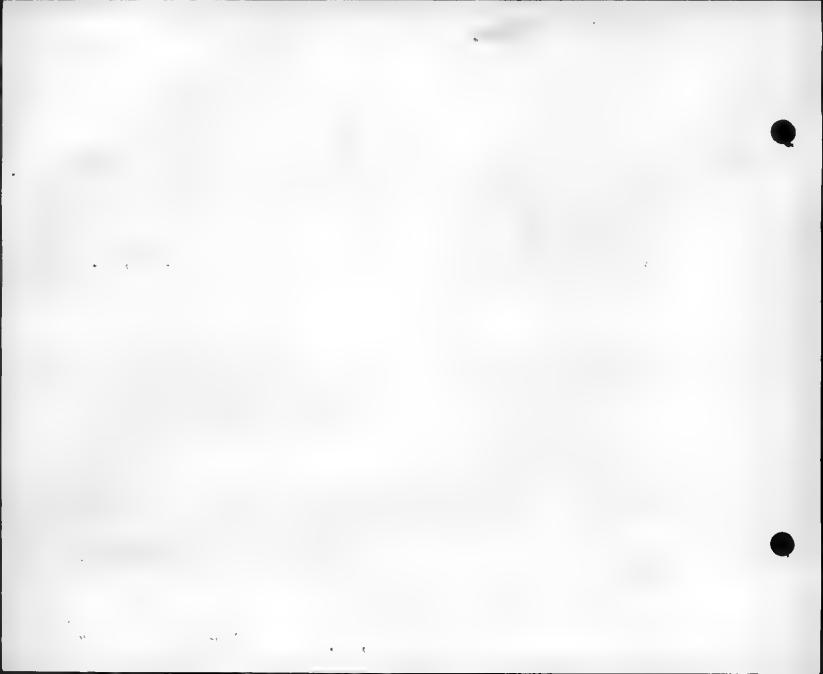
Z.

MARYLAND STATE DEPARTMENT OF HEALTH 03443 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03424 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Harry signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and ced J. Pressman 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years (FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS HOURS M le White April lease remave carban papers. Pa and in any event, within 72 haurs 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED X country) Allegany DIVORCED | WIDOWED [Larvland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Frostburg during most of working life, even if retired.) INDUSTRY rpenter Carpenter 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 34. INSIDE CITY L MITS? 13e STREET AND NUMBER odmission) - STATE 13b. COUNTY YEST NO 🗔 Grant Street Maryland Frostby 14. FATHER'S NAME First M.ddle Lost 15. MOTHER 5 MAIDEN NAME First Henry Pressman **B**llen Farrel 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address I (If yes give war or dates of service) Yes, no. or unknown) burial, cremation, ar remayal, Pressman 18 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ Conditions, if any, which gave) burial-transit rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO DO for use 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. shauld be detached with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from 3/22/, 1968, to 3/25, 1968, that (I) (we) last sow the deceased alive on 3/25/, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stoted above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING STAFF PHYS. MED DIRECTOR director, page 3 shauld be filed v DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 167 F 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (State) REMOVAL (Specify) Michael's Cemetery Frostburg Eurial

24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 A Joseph Frostburg DATE



Items 7a. 7b Fightsion of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1/11/68 kk CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR Month (Type or print) Year RayeNSCROFT 68 SESSINDER 1 YEAR IE UNDER 24 HRS. S DATE OF BIRTH 6. AGE (In years 3. SEX Whire MONTHS OAYS HOURS last birthday) MALE 1-26-1884 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) U.S.A. ALLEGENI WIDOWED X Kearny, Neb. DIVORCED [12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) COUNTY Home during most of working life, even if retired.) CumbeRLand FURNACE ST. camplete please remave carb ar removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY Allegany WESTERNPERT YES MAIN 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle ìast GIBSON Warl CORA RZVENSCROFT 16g. WAS DECEASED EVER IN LS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, po, ar unknown) (If was give war or dates at service) Eleanor Umstot Cumberland, Md. 220-10-0585 APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per one for (p), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUÊNCE OF signed by the burial-transit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS ONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior ta 19a. DATE OF OPERATION 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? this certificate has CAUSES OF DEATH? YES 🖂 the haspital ar 21g ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) ور OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year of (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INITIRY OCCURRED State City or Town Caunty While Not while 22a | certify that (i) (this hospital) extended the deceased from 1960, and that in (my) (aur) apinian death occurred on the date and hour and from the TENDING Page 4 may be retained by 11 O FUNERAL DRINCTER: After saw the deceased alive on 3 causes stated abave, (1) (we) (did nat) view the bady after death. 22c. DATE SIGNED 22b SIGNATURE 3/29/68 DIRECTOR **TIFGREE** directar, page 'shauld be filed PHYSICIAN'S 22e ADDRESS 22d NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE 23d LOCATION (City or Town) (State) REMOVAL (Specify) 3/31/68 Md Philos Westernport Westernport, Md. 24. FUNERAL DIRECTOR VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03445 CERTIFICATE OF DEATH 03426 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOTIR The law requires that the death certificate be executed within 24 haurs after death death (Type or print) William Reiver Month 5 6. AGE (In years 4 RACE S. DATE OF BIRTH IF UNDER I YEAR IF JHDER 24 HRS 3. SEX iast dinoday) 3/20/1895 DAYS HOURS White Male 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🦳 NEVER MARRIED 🛣 country) USA MD. Allegany WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind of work done burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita) 125 KIND OF BUSINESS OR during ascht-के working मिंडी के ven as notired.) INDUSTRA O TO Hospital Frostburg 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13A TOWN Egany admission) STATE Douglas Ave. Lonaconing YEA NO 🗌 14. FATHER S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Hannah Johnson Wilson Reiver physician 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, arunknown) Viar Mrs. Bessie Barclay, Lonaconing, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ģ stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending priar ta i this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? use as CAUSES OF DEATH? YES 🔲 NO -21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 215. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF CEATH Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED State City or Town County While Nat while at wark 220 | certify that (I) (this hospital) attended the deceased from 300, 1968, to May 5, 1968, that (I) (we) lost saw the deceased olive on 1968, and that in (my) (our) opinion death occurred an the date and hour and from the causes stoted obove, (1) (we) (did) (did not) view the body after death. O FUNERAL DIRECTOR: 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED DIRECTOR DEGREE directar, page shauld be filed 22e ADDRESS 22d PHYSICIAN'S LONACONING MD, ZIS39 NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION, (State)

Oak Hill

Lonaconing, Md.

Cemetery

25a. REC'D BY REGISTRAR

Lonaconing, Md.

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68 REMOVAL (Specify)

GEORGE ETCHHORN

24. FLINERAL DIRECTOR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08446 CERTIFICATE OF DEATH DECEASED-NAME Middle iost 20 DATE OF DEATH First 26. HOUR 24 hours after death. ROBY ind bri (Type or print) Clarence Chatles Mogth 1:00v 4. RACE S DATE OF BIRTH IF LINDER I YEAR 3 SEX 6 AGE (In years IF UNDER 24 HRS. lost hirthdoy) WHITE 12-1-95 MALE 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED TH NEVER MARRIED "KITER, MD. ALLEGANY U.S.A. WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY HOSPI TAL CUMBERLAND Police Dent. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN F38. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE MD 136 COUNTY LEGANY YES X 403 LINDEN STREET Cumberland signed by the ottending physicion ond ca burial-tronsit permit. Then pleose remov buriol, cremation, or removal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Lost LAYTON AH ALBERT ROBY MOLLIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT CUMBERLAND, MD. Yes no or unknown) MEMORIAL HOSPITAL (if yes give war or dates of service) 220-44-7068 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0) MUPTURED DISSECTING ABDOMINAL ANEURYSM HOURS DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARBOVASCULAR DISEASE YEARS Conditions, if ony, which gove \ rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couses PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work and that in (my) (Sur) apinian death accurred on the date and have and from the saw the deceased alive andirector, page 3 should should be filed with the causes stated above, (I) ()(e) (did) (did) (did) (view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. 3-18-68 DEGREE 22d, PHYSICIAN'S 720. ADDRESS T CUMBERLAND, NAME (Type) DR. G. OVERTON MD. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 3-18-68 Sunset Memorial Park Cumberland Allegany Maryland 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 I CAMPACAT XX H. Lee Silcox 404 Decatur Cumberland, Md. 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03447 CERTIFICATE OF DEATH Middle DECEASED NAME 2o. DATE OF DEATH 2b HOURA First Lost (Type or print) ROSS STANLEY WEBSTER Month MARCH 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years) last birthday) HOURS MAY 18.1905 MALE WHITE ii b 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH Se Food MARRIED T NEVER MARR Findod U.S.A. DIVORCEI X ALLEGANY WIDOWED [signed by the attending physician and completely filled buriol-transit permit. Then please remove carbon pope 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 2b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
MEMORIAL HOSPITAL during most of working life, even if retired)
Machinist Helper INDUSTRY CUMBERLAND, MD. Railroad 13o. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before: 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER AND 136. COUNTY ALLEGANY CUMBERLANTS 24 CLEMENT STREET 14. FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME First Last ALFRED ROSS' AMANDA NORRIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, ing, or unknown) CUMBERLAND, MD MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I DEATH WAS CAUSED BY
IMMEDIATE (AUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [210. ACCIDENT WAS UNDERLYING 236 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED
While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State 22a. 1 certify that (I) (this haspital) attended the deceosed from the saw the deceased alive on 1968, ond that in (my) (our) apinion deoth occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. Poge 4 moy be retoined by 22c DATE SIGNED 22b SIGNATURE ATTENDING STAFF PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S CLAY DURRETT 236 NAME (Type) VIRGINIA AVENUE. CUMBERLAND. M director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION 23b. DATE (County) (Stote) B REMOVAL (Specify) Dawson Allegany 3/13/68 Dawson Cemetery 25a. REC'D_BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) H. Wanne George Cumberland, Ild. 30M REV. 1/68



63448

MARYLAND STATE DEPARTMENT OF HEALTH

233200

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

Ī	. DECEASED-NAME (Type ar print)	First HAROLD		Middle SYLVESTER		Last ROWE		2a DATE OF		oy 68 Year	25. HOUR
3	SEX	E	4. RACE WH 1		1 .	DATE OF BIR			6. AGE (In years lost bighday)	IF UNCER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Ĺ	a. BIRTHPLACE (Statementry) Mary 1	and	76. CITIZEN OF WHAT		MARRIED	DIVORC	ED 🗍		EGANY	,	Md.
		LAND, ME	give stre	/	HEART H	OSPIT	A Luring mgs	DOCCUPATION	(Kind of work done life, even if retired)	126 KIND OF	BUSINESS OR VESE
1: a	30 USUAL RESIDENC dmission) STATE	E (Where decease W. VA.		Residence before 1:	3c. CITY OR TO	1	YES NO NO		CARPENTE	R AVE.	
1	4 FATHER'S NAME AR	First THUR	Middle	Lost ROWE	IS. M	OTHER S MAII	DEN NAME First CHARL	LOTTE	Middle	HAI	LOST LL ER
	6a WAS DECEASED Yes, no pounknow	EVER IN U.S. ARMI (n) (II yas give wa		sb. social security no. 2 17-10-178			RECORD	3 Carl	Address E. Rove,	61 Carpa	enter Av
	PART I. DE	ATH WAS CAUSED	BY. IE CAUSE (a) DUE TO, OR AS (b)	for (a), (b) and (c).) A CONSEQUENCE OF A CONSEQUENCE OF	The state of the s	her ble	and and		C-VA	BETWEEN	MATE INTERVAL PRIST AND DEATH
	19a. DATE OF OP	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Hem 1B.)									
	21d. INJURY OF While Not work at work sow the	medical examina CURRED 21e. 1 while 2 y that (1) (this deceased ali	P.M. PLACE OF INJURY (All shospiteh) attentive on	HOME FARM, STREET, FACTOR	from and th	nat in (my	195	10 7	ar Tawn	County County that	State (I) (we) fost and from the
	22b. SIGNATURE 22d. PHYSICIAN NAME (Typ	4	Williams. SCHINDS	_ER	DEGREE	ATTENDING PHYS 22e. ADDR	DIRE	REENE	STAFF PHYS. D 22c	DATE SIGNED	6F- 21502
Ì	30. BURIAL, CREMAT BREMOVAL Speci	y) 3/2	1/68	Surset		al Par	de	Cumbe		(County) Llegany	(State)
2	4. FUNERAL DIRECTO GEORG	E S FUNE	ine George RAL HOME	ADDRESS CUMB.	, MD.	2	PSO. REC'D BY I	registrar 5 19	25b. REGISTRAR	S SIGNATURE	146

Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers—Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours after death. VR A15 [4] 30M REV, 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

t -] -101 1.1. 1 1 6 1

1 2 - 11 1 - 1 - 1

MARYLAND STATE DEPARTMENT OF HEALTH 03449 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Last 2o. DATE OF DEATH First Middle 2b. HOUR A requires that the death certificate be executed within 24 hours after death (Type or print) MARCHITH SCHRAMM KARL 905 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers Pages SEPTEMBER 29, MALE WHITE transit permit. Then please remave carban papers Percenation, ar remaval, and in any event, within 72 hador 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) BARTON, MD. ALLEGANY U.S.A. WIDOWED DIVORCED | 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) INDUSTRY CUMBERLAND MEMORIAL 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before CON IN 336. INSIDE CETY LIMITS? 13e. STREET AND NUMBER 17UNION STREET admission) STATE 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle SCHRAMM KYLE HENRY ELIZABETH 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) CUMBERLAND, MD. MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line fag (a), (b) and (c)) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, Which gave) rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health r YES 🗀 NO 📝 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. Stote City or Town County Wh.le Not while at work 220. I certify that (I) (this haspital) attended the deceased from 19 00 and that in (my) (our) apinion death occurred an the date and haur and from the 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) SO. CENTRE STREET, CUMBERLAND DR.W.F (Stote) MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) Laurel Hill Cemetery Moscow Md **ADDRESS** FUNERAL DIRECTOR 25g RFC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Lonaconing, Md. George Eichhorn 30M REV 1/68 DATE MAR 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03450 CERTIFICATE OF DEATH 26 HOUR A DECEASED NAME First M.ddle Last 2a. DATE OF DEATH death. (Type or print) Ethel March M. Shepherd 7:20 M 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6 AGE (In years **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after 1886 Female White April 30. hours signed by the ottending physician and completely filled in by burial-tronsit permit. Then please remove carbon papers. P 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Country) Utica, Ohio ve carbon papers. event, within 72 ha WIDOWED United States DIVORCED | Allegany **10 CITY OR TOWN OF DEATH** 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120. USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Allegany County Infirmary during most of working life, even if retired)
Housewile Home Cumberland 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Md 13b COUNTAllegany YES K Cumberland 11 Fifth St. cremation, or removol, and in any 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Lost Clarissa Hall Alexander Shaffer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If was give wor or dates of service) 217-54-6726-T Allegany County Infirmary Records-P.O.Box599 18. CAUSE OF DEATH (Enter only one cause per lips for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUÊNCE OF stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the t f Health prior to b O FUNERAL DIRECTOR: After this certificot has meen 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [Page 4 may be retained by the hospital or 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enternature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from March 7 , 1968, to March 26, 1968, that (I) (we) lost saw the deceased alive an March 25 1968, and that in (my) (our) opinian death occurred an the date and hour and from the þe should causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE director, page Should be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. George Simmons Memorial Hospital- Cumberland, Md. M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION (County) (State) BEWOYAL (Specify) March 29,1968 Sunset Memorial Park Cumberland, Allegany, Md. 24. FUNERAL DIRECTOR Scarpelli, Cumberland. Md. 2Sq. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 30M REV. 136 DATE APR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03451 334.62 CERTIFICATE OF DEATH DECEASED-NAME RALE I GH 2a DATE OF DEATH MARTIN A haurs after death puo (Type or print) : 0 6m IF JINDER 24 HRS 4 RACE S. DATE OF BIRTH 6 AGE (In veors IF JMDER 1 YEAR SEX. lost burthday) HOURS 8-28-1918 WHITE MALE 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7c BIRTHPLACE (Stote or foreign B. MARRIED X NEVER MARRIED please remave carban papers VA. U. S. A. ALLEGANY WIDOWED | DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (# not in haspital 10, CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within INDUSTRY give street address) CUMBERLAND. 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSEDE CITY LIMITS? 13e STREET AND NUMBER Odmissian) STATE MARYLAND 136 COUNTALLEGANY CUMBERLANDED 626 ELWOOD STREET IS. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First HOWARD SHOBE LUCY SULSER 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address MEMORIAL HOSPITAL - CUMBERLAND. MD. Yes no ar unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, War APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a) BETWEEN DISSET AND DEATH Conditions, if ony, which gove arleris - poliroses rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Consesser heart auch O FUNERAL DIRECTOR: After this certificate has been as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 195, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. County Stote City or Town While Nat while at work 22a, I certify that (I) (this hospital) attended the deceased from..... _ , to_ ___, and that in (my) (our) apinian death accurred an the date and haur and from the saw the deceased alive an.... director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR *Courice DEGREE 22d, PHYSICIAN'S 22e ADDRESS NAME (Type) DR. 126 N. SMALLWOOD ST., CUMBERLAND, CLARENCE J. VINCENT 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) VIII (County) 23a BURIAL, CREMATION, 23b DATE BREMOVAL (Specify) March 24,1968 Sunset Memorial Cumberland, Allegany, Md 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Scarpelli, Cumberland, Md. 1968



MARYLAND STATE DEPARTMENT OF HEALTH 03452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0343. Lost M'ddle 20 DATE OF DEATH 2b. HOUR DECEASED NAME First after death (Type or print) 968 Alfred Sidaway March Leroy :55 M 4. RACE **5 DATE OF BIRTH** 6. AGE (In years IF UNDER I YEAR IF JNDER 24 HRS 3. SEX Clast birthdoy) HDURS White Oct. 22, 1906 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 9. COUNTY OF DEATH country! Maryland Allegany USA WIDOWED DIVORCED [paper within 72 requires that the death certificate be executed within 24 physician and completely filled en please remave carban pape 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) emorial Hospital Retired Postal Clerk-Government Cumberland and in any event, 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN THE THE PART HOUSE 13e. STREET AND NUMBER 13b. COUNTY Virginia Ave. Maryland Allegany Cumberland 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Harry Sidaway Bertha L. Weber 16b SOCIAL SECURITY NO 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 214-28-7190 Mrs. Ethelwyn Sidaway, Cumberland, Md. Wife crematian, ar remaval, War CAUSE OF DEATH (Enter only one couse per line (p) (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if any, which gove to rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l O FUNERAL DIRECTOR: After this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [detached far use te Dept. af Health 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY TIDE CONTRIBUTING TICAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Not while of work ot work 22a. I certify that (I) (this haspital) attended the deceased from 3. Co. sow the deceased alive an 3. Co. 1968, and that in (mv) ____. 19.60 Ø .. to __19 (e 8, and that in (my) (our) apinion death accurred on the date and hour and fram the Page 4 may be retained director, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did not) view the bady after death 22c. DATE SIGNED 22b SIGNATURE MED. DIRECTOR ATTENDING March 7, 1968 lleampegree 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Dr. W. F. Williams, M.D. 122 S. Centre St., Cumberland. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION 23b DATE BREMOVAL (Specify) March 8.19681 Davis, Memorial Park Cumberland, Allegany, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR Scarpelli, Cumberland, Md. VR A15 (4) Charles 3 1968 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03453 CERTIFICATE OF DEATH Lost 2b HOUR 2o. DATE OF DEATH DECEASED-NAME Middle 24 haurs after death cremation, ar removal, and in any event, within 72 hours after death O3 Month (Type or print) SIMMONS the funera GERTRUDE Alezen IF UNDER 1 YEAR 6 AGE (In years IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 3 SEX MONTHS DAYS lost birthdoy) HOLES 06-20-12 WHITE FEMALE 9 COUNTY OF DEATH the attending physician and campletely filled in by sit permit. Then please remove carban papers— 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Ellerslie, Md. UNITED STATES WIDOWED [DIVORCED | ALLEGANY 12a USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH law requires that the death certificate be executed within INDUSTRY Laundru during mest of working life even if stredder HOSP I TAL CUMBERLAND, MD. 13e STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution. Residence before, 13c, CITY OR TOWN 3d INSIDE CITY JAPTS? 130. USUAL NETTE W 136. COUNTY MINERAL YES IXI NOT 124 MAIN STREET RIDGELEY Middle IS, MOTHER'S MAIDEN NAME First Lost 14 FATHER 5 NAME First Middle BARNCORD **JOSEPH** Emma Lee Address 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, po or unknown) -900 SETON DRIVE, CUMB. 214-07-5788 HOSPITAL RECORD 18 CAUSE OF DEATH (Enter only one couse per line for (g), /(b), ons /(s). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit permit. A CONSEQUENCE OF Conditions, if any, which gove to rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO [25] for use 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Not while of work causes stoted abave, (1) (we) (did) did not yiew the body after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. MED DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) DR. PAGAN directar, shauld k 23c NAME OF CEMETERY OR CREMATOR) 23d 10CATION (City or Town) (Stote) 23b. DATE (County) 230. BURIAL, CREMATION, REMOVAL (Specify) Cumberland. 3/4/68 Md. Hillcrest Burial Park Allegany 25b REGISTRAR'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1958 5 H. Wayne George Cumberland, Haryland 30M REV 1/68



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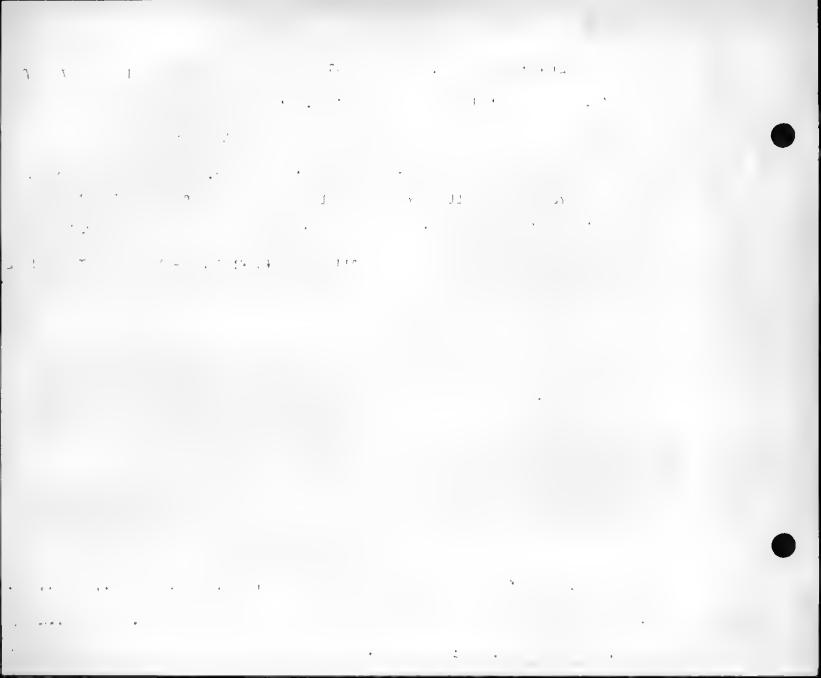
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2 P		admission) STATEW. VA. 13b COUNTYMINERAL V PAW PAW YES XX NO NONE									
hours Item 1 Office I and 2 ofter d	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last								
S S S		JAMES W. PATTERSON LUCY	SIRBAUGH								
n pencil in Examiner's File pages		. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS Yes, no, or unknown 1 (If was give wor or dotes of service)									
within pencil xamine rle pog 72 hou	L	Yes, na, ar unknown) (If yes give war or dates of service) 231-18-9759 MEMORIAL HOSPITAL, CUMBERLA	ND, MD.								
		1B. CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c))	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH								
xecuted nding ' Medicol permit it withii		PART I. DEATH WAS CAUSED BY CORONARY OSTEAL OCCLUSION, LEFT	DAYS								
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d be executed a "pending" in Chief Medicol E tronsit permit F ty event within		Conditions, if only, which gave (b) CORONARY ATHEROSCLEROSIS WITH HEMORRHAGE	tt.								
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is certificate to, writing the forwarded to be used as a temoval, and	1	4201 APLASTIC ANEMIA WITH GASTRO-INTESTINAL HEMORRHAGE									
certil orwar used mova	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?								
his cate, and for e for be us		WAS PERFORMED?	YES NO								
E 0 0 -0 .	8	210 EXTERNAL CAUSE WAS 216. TIME OF IN. JRY Month, Day, Year 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Hern	18)								
certific could b nould b les. should tion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19									
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AM e # e 4 our our		WHILE NOT WHILE of factory, affice building, etc.) AT WORK AT WORK									
		22a certify that I taak charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X)	and in my apiniar								
ICAL I exector for Poet for CTOR: buriol		death resulted from Natural causes X, Accident , Suicide , Hamicide Undetermined manner	, ,								
olcal director director eto ned f birecto	1	CHIEF MEDICAL EXAMINER	J								
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DEPUTY stessary, in funeral may be r FUNERAL		EXAMINER'S NAME (Type) DR. BENEDICT SKITARELIC, MED. EX ADDRESS (Street, cty, tawn, or caunty) CUMBERL									
necessary, the funero S may be CONTENT Health pri	23		(State)								
1		REMOVAL (Specify)	, , ,								
	24	Buriol Rar 20, 1968 Camp Hill Paw Paw Marga Flykeral Director Address 250 RECD BY REGISTRAR 255. REGISTRAR'S SIGN	nature W. Va								
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Park-Johnson

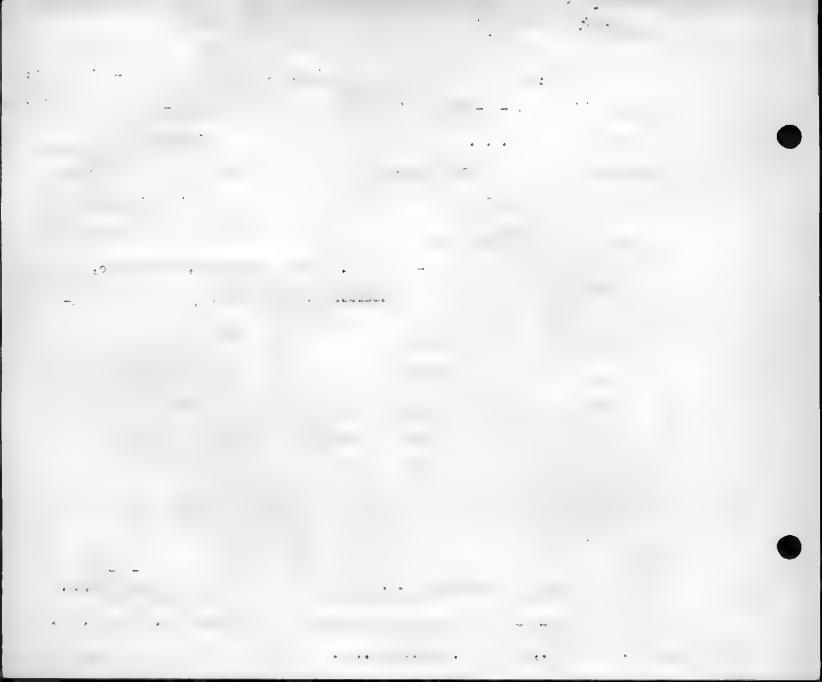


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03456 03437 CERTIFICATE OF DEATH Lost 2a DATE OF DEATH 1. DECEASED-NAME First death. death **ELIZABETH** SMITH (Type or print) after Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in ty the forestar, page 3 should be detached far use as the burnal-transit permit. Then please remaye carban papers. Pages I should be filled with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs wifer. IF UNCER 1 YEAR 4. RACE 5. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthday) WHITE FEMALE Nov. 2, 1878 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 76 CITIZEN OF WHAT COUNTRY? U.S.A. 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED country) SCOTLAND **ALLEGANY WIDOWED XT DIVORCED [120. USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address ACRED HEART HOSP. during most of working life, even if refired) CUMBERLAND 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE MARYLAN 196 COUNTY ALLEGANY CUMBERLANDES X NO 706 GEPHART DRIVE 15. MOTHER'S MAIDEN NAME First 14. FATHER S NAME Dempster Christopher Cairms Jemima 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give wor or dates of service) Yes, na, ar unknown) NO None. PATIENTS HOSPITAL CHART-SACRED HEART HOSPITAL APPROXIMATE INTERVAL Conditions, if ony, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) ed far use as the of Health priar to accident-20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from..... ., 19_____, that (1) (we) last , 19____, ta_ 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR & O DEGREE 22e, ADDRESS 22d. PHYSICIAN'S VINCENT 126 N. SMALLWOOD ST., CUMB., MD. NAME (Type) 230. BURIAL CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) Cumberland, Allegany, 3/20/68 Rose Hill Cemetery 250. REC'D BY REGISTRAR 1868 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 4 H. Wanne George Cumberland, Md. 30M REV 1/68

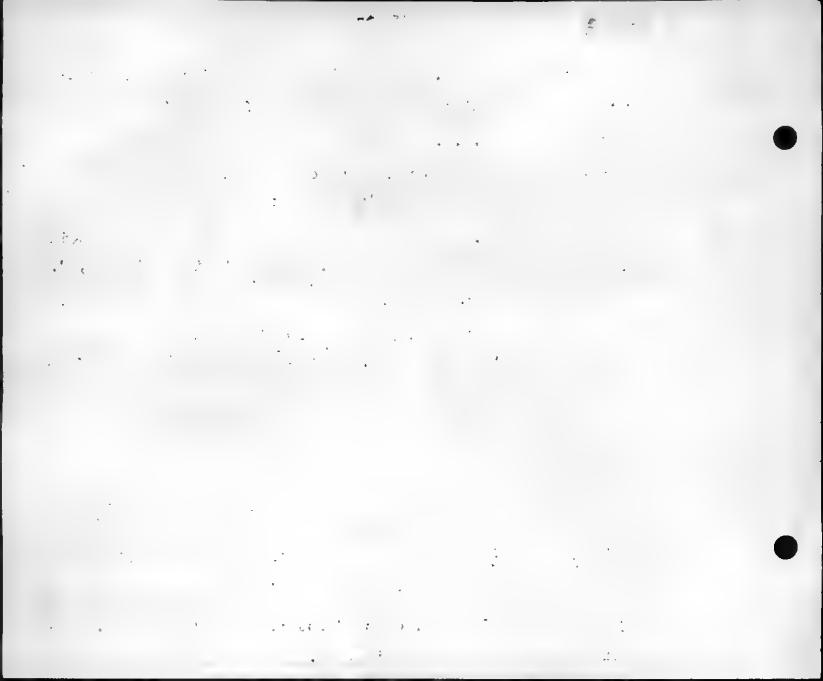


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2o. DATE KNOWN M Month 1 DECEASED NAME Yeor (Type or Print) delay 15 1968 11:50 Nellie Blanche Springstead DEATH MATED 6. AGE (In years F LNDER 1 YEAR 4 RACE IF UNDER 24 HRS 2dAHUUR 3 SEX 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2, o. p.m3. lost birthday) 19 68 11:50 12-21-90 Female White YRS MARRIED NEVER MARRIED To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH in pencil in Item 18. Give Pages 1, WIDOWED [DIVORCED [Allegany Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR with during most of working life, even if retired) INDUSTRY Retired Presser Law give street_oddress) Sylvan Retreat Laundry Cumberland Office alang 13a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LANTS? 13e. STREET AND NUMBER 136. COUNTY legany Cumberland Virginia Avenue I and 2 after 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Claranda Springstead Unknown haurs the Chief Medical Examiner's poges 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, ar unknown) (If yes give war or dates of service) 216-22-5475 Mrs. Leonard Gillespie Golden Land Cumberland File within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit "pending" PART I. DEATH WAS CAUSED BY LOBAR PNEUMONIA BILATERAL 2-3 Days IMMEDIATE CAUSE (o)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gove rise to immediate cause (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O remayal, 20. AUTOPSY? 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? YES F NO 🖂 please execute the certificate, ě 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Day, Year 21c. HOW INJURY OCCURRED (Enter nature of niury in Part 1 or Port 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INLURY OCCURRED 21f LOCATION Street or R F D No City or Town 21a. PLACE OF INJURY (At home, form, street, County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. 1 certify that I taak charge of the remains described above, held an Autopsy 12. Inspection . Inquiry XX and in my opinion Notural causes Accident . Suicide . death resulted fram: Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-11-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Benedict Skitarelic, M.D. ADDRESS(Street, city, town, or county) Cumberland. Md. NAME (Type) 50 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stale) REMOVAL (Specify) Cumberland, Allegany, Md. Greenmount Cemetery Buriak 2So REC D BY REG STRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO VR A15ME (5) DATMAR 15 1968 1 handing John J. Hafer Jr. 230 Balto Ave Cumb. Md.



🖟 🖟 🖧 5 (Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201 007 00 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED NAME First M. date 2a DATE KNOWN (Type or Print) DEATH MATED MARCH 31 168 Warren Squires Luther F JMDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years 2c. DATE PRONOUNCED DEAD pup jast birthday) MARCH 3100 1968 Year 19 Oct.11,1900 White Male 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Maryland USA WIDOWED [7] DIVORCED [Allegany 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dans INDUSTRY Railroad during most of working life, even if retired.) 512 Montreal Avenue the Cumberland 13a USJA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland3b (OUNTY Allegany Cumberland 512 Montreal Ave. YES NO l and 2 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME JOHN SQUIRES KAT. BALLE KIIFFNER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT in pencil (Yes no, or unknown) Mrs. Rose Squires, Cumberland, Md. Wife within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY pending OCCLUSION CORONARY SUDDEN IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Canditions if any which gave rise ta immediate cause (a) writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERAT ON 20. AUTOPSY? WAS PERFORMED? NO PAR execute the certificate, 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. CALSE OF DEATH 21d INJURY OCCJERED 21e PLACE OF (N.JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Tawn Caunty State factory, affice building, etc.) AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection (\$\frac{1}{2}\$). Inquiry [30], and in my opinion Notural couses 🔀 🗻 Accident 🗍 . Suicide 🗍 . Homicide 🗍 Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER March 31, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or count) UMBERLAND, MARY LAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL CREMATION 23b DATE (County) Cumberland, Allegany, Md Davis Memorial Cometery 24. FUNERAL DIRECTOR ADDRESS James F. Scarpelli, Cumberland, Md. VR A15ME (5) DATE

03459 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33443 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First 2b. HOUR (Type or print) March Annie Stakem 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years F UNDER 24 HRS event, within 72 hours after lost pirthdoy) MONTHS Female White 7/21/1882 OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 havrs 7b. CITIZEN OF WHAT COUNTRY? 70. 8IRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED tountry)Maryland U.S.A. WIDOWED DIVORCED [Allegany 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Kyle Nurseing Home during most at warking life, even if retired) Lonaconing 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c CITY OR TOWN 36 INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Allegany odmission) STATE Midland YES 🔀 NO [burial, cremation, or removal, and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First John Stakem Quinn Margaret 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give wer or dates of service) Midland, Md, Mrs. Pauline O'Brien APPROXIMATE INTERVA "Daughter" 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) UNDO DUE TO OR-AS A CONSEQUENCE OF Conditions, if ony, which gave: rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE QU **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REDITED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If exther, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town Соипту While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram , 19 6, ta VVC4 , 19 6, that (I) (we) last saw the deceased alive an VVC4 , 19 68 and that in (my) (aur) apinian death accurred an the date and haur and from the TO FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did-not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYS CIAN'S 22e. ADDRESS NAME (Type) LONACONING 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 3/26/1968 St. Joseph Cemetery
ADDRESS 250 REC Midland Md 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15(4) 30M REV 1/68 1968 George Eichhorn Lonaconing, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH

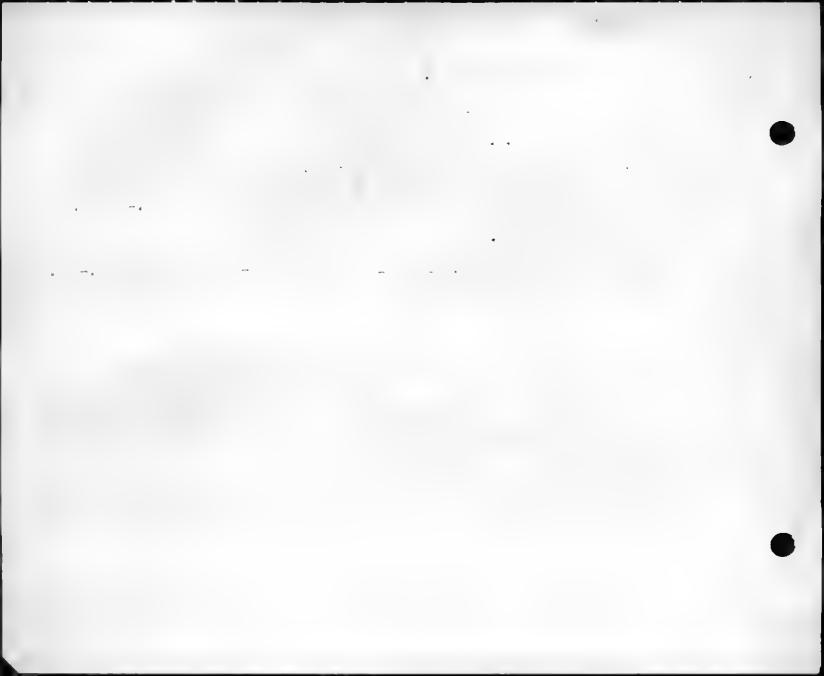
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CEASED-NAME	First		Middle		Lost		2a. DATE OF				2b. HOUR
1 (1	ype or print)	Eliza	beth	B.		Thomas	S		Month	2004	Yeor 68	9:35 M
3. SE	X		4. RACE			S DATE OF E			6. AGE (I	n vents	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Temale		Whit	ie.		8/27	/1898		last birt	hday) YRS.	MONTHS DAYS	HOURS MIN.
7g	BIRTHPLACE (Stote o	r foreign	76 CITIZEN OF WHA		8	D NEVER MA		9. COUNTY OF		163,		
can	"aryla	nd	U.S.		WIDOWE		RCED	Alleg				
	ITY OR TOWN OF D			AE OF HOSPITAL OR INS				L O(CUPATION		work done	Tak Kino oc	BUSINESS OR
Ct	mberland		St.d.z.l	regarry Cou	nty]	nfirma	during mo	ousewii	life, even	if retired.)	INDUSTRY	BOJINESS OK
	CTATE		ed lived if institution 13b. COUNTY		13c CITY (3d. INSIDE CITY . IA	120	REET AND I			
	Ma	ryland	<u> </u>	Allegany	Weste				sh A	ptsW	estnp.	
14, 1	ATHER'S NAME	First	Middle	Last		IS MOTHERS A	HAIDEN NAME FI	rst		Middle		Lost
		lbert	L.	Frenze			Rebed	cca			Bradle	ev.
160.	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES? or or dates of service)	166 SOCIAL SECURITY I	10. 17	INFORMANT				Address		
	es, no, or unknown) NOW	(1/2) 41 810 11	2	12-38-714	5A-1	Allegar	County	-recor	ds F	irnace		
	18. CAUSE OF DE	ATH (Enter anl	y one couse per line	for (a), (b) and (c)	P						APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	PART DEAT	WAS CAUSED	EY TE CAUSE (a)	151	LELL	MOU	eles				Boers	W/11/2
	114	1000000	1,	A CONSEQUENCE OF								11/20
1	Conditions, if any, which gave)											
	fise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF											
	lost. (c) Still all of the order of the state of the stat											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
-	110 X											
AT.ON	19a. DATE OF OPERA	TION 19b. (CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20o AUT	OPSY?	20b. IF	YES, WERE	FINDINGS CO	INSIDERED IN C	ERTIFYING
CERTIFICAT					-	YES	NO 🗆	CAUSES	OF DEATH	13		
	21a. ACCIDENT WA	S UNDERLYIN	G 216 TIME OF	INJURY	21c	HOW INJURY OF	CURRED (Enter	noture of inju	ry in Part	ar Part 2, 1	tem 18.)	
MEDICAL	OR CONTRIBUTING			Month Day Year								
9	(If either, notify m	PPFD 21a	PLACE OF INTERY (AT HOME, FARM, STREET FAC		IOCATION Stra	set or RED No.	City	or Town		County	State
	While Nat wh	le 🖳	Lance of Mooking	OFFICE BUILDING, ETC	71."	COCHTON SITE	of of Kill 110	City	01 10411		coonly	31010
	of work — of work —											
	saw the	22a. I certify that (1) (this haspital) attended the deceased fram February 1619 68, to Tarch 29, 19, 68, that (1) (we) last saw the deceased alive an March 28, and that in (my) (aur) apinian death accurred an the date and haur and fram the										
	causes stated abave, (1) (we) (did) (did nat) view the bady after death.											
	22b. SIGNATURE 22c. DATE SIGNED											
		10UU	U VOE	Ker	Mot	SHEE PHYS.	ING DI	RECTOR I	STAFF PHYS.	10/4	-1-68	,
	22d PHYSICIAN'S	1/	11 -		1100	22e. AD	DRESS K	eller	isel	Hosp	ital	
	NAME (Type)	Von	1.A. TOI	WED !	MA		addi	Chous	ILLL	2. 100	10	
23a	BURIAL CREMATION		AJE //	23c NAME OF	CEMETERY C	R CREMATORY		23d LOCATIO	N (City or	Town)	(County)	(State)
	PEMOVAL (Specify)	4	11/68	5t.V	eter	ips Ce	4.	Wes	tern	Dort	Alie	m.
24.	FUNERAL DIRECTOR	0	D'	ADDRESS		· lai	250. REC'D BY	Y REGISTRAR	2Sb.	REGISTRAR S	SIGNATURE	102
	1	1/2	MAI	W 1/2 1/2	-6	a T Wal	LOUTE APR	Q - 19	968	De la	way yu	1

death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages of and Sehald be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs-after Page 4 may be retained by the haspital ar attending physician. 30M REV 1/68



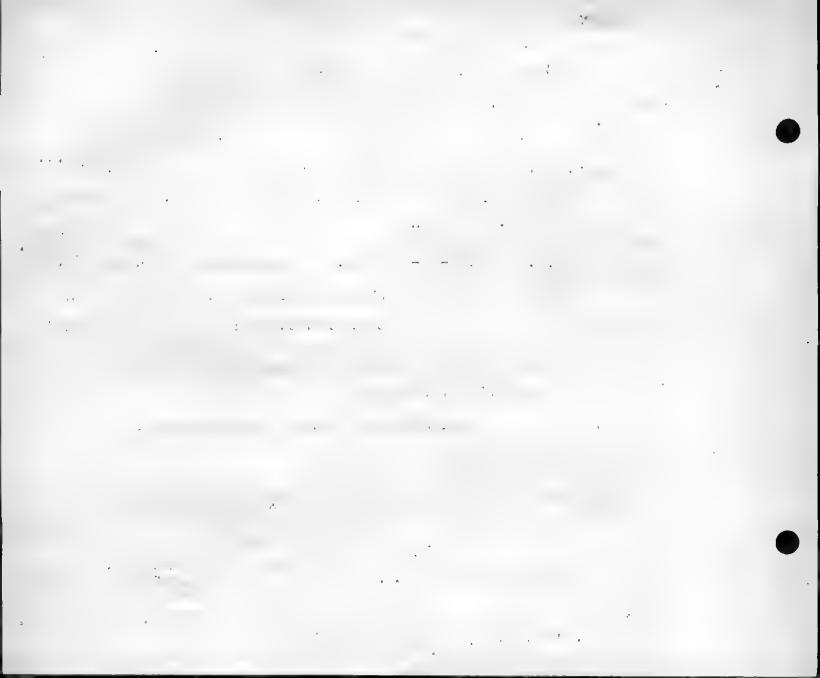
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03461 CERTIFICATE OF DEATH 1. DECEASED-NAME **First** Middle Last 2a. DATE OF DEATH 2b HOUR uneral Nand 2 requires that the death certificate be executed within 24 hours after death HARRY LEON VOGEL (Type or print) 6. AGE (In years 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR F JNDER 24 HRS MALE WHITE last birthday) hin 72 hoorent JAN. 24, 1899 7a, BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED country .≝ ALLEGANY WIDOWED | DIVORCED PENNA. physicion and completely filled 12a. USUAL OCCUPATION (Kind af work dane 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast at warking life, even if retired.) please remove carban CUMBERLAND Tire Co. event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 134. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE NITYES X 13b. COUNTY MT. VIEW DREVE 301 FGANY and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last **JOSEPH** VOGEL Ε. SARAH A. WHETZEL 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) (t) vas give war or dates of service) 214-07-0534 CUMBERLAND. MD MEMORIAL HOSPITAL or remova 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH VENTRICULAR TACHYCARDIA-FIBRILLATION PART 1 DEATH WAS CAUSED BYsigned by the attendii burial-tronsit permit. HOURS IMMEDIATE CAUSE (o) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF ACUTE MYOCARDIAL INFARCTION Canditions, if any, which gave) HOURS rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1761 O FUNERAL DIRECTOR: After this certificate has been as the 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO K should be detached for use out the State Dept. of Health be retained by the hospitol or 27a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) 21d INIGRY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC While Nat while of wark 3-22-68, 19, to 3-23-6819, that (I) (We) last and that in (my) (avr) opinion deoth occurred an the date and hour and from the 220. I certify that (I) (this hospitol) oftended the deceased from saw the deceased alive on. couses stated above, (i) X () (did) (dix) (b) yiew the body ofter death. 22b. SIGNATURE 22c DATE SIGNED 3-26-68 DEGREE director, poge should be filed PHYS. DIRECTOR . CUMBRLAND MD 22e ADDRESS VIRGIN J22- S. CENTRE- ST. CUMBERLAND . MD. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION 23b DATE (County) (State) _ BREMOVAL (Specify) Sunset !lemorial Park 3/26/68 Md. Cumberland Allegary 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) H. Wanne George 30M REV, 1/68 Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH



33652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH 4LEES 1 DECEASED-NAME 20 DATE KNOWN First (Type or Print) and 3 ta M3. Page MARGARET WADE DEATH MATED 6 AGE (In years IF JNDER 24 HRS S DATE OF BIRTH 2c DATE PRONOUNCED DEAD OCT. 16,1918 FEMALE 70 BIRTHPLACE STOP or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A. ALLEGANY COUNTY WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIM. 157 13e STREET AND NUMBER 13b. COUNTY ALLEGANY FROSTBURG E. MAIN and 2) 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME LAVENTA DENNISON CLARENCE. WADE MAE ADDRESS BROSTBURG, MD. 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 236-16-6704MRS. LAVENIA WADE, 255 E. MAIN ST. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY **ANASARCA** GENERALIZED DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove CHRONIC MYOCARDITIS ONE YEAR rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) MESENTERIC THROMBOISIS 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? MARCH 19, 1968 18 INCHES OF GANGRENOUS BOWEL YES Y 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF IN. JRY (At home, form, street, 21f LOCATION Street or R F D. No. City or Town County factory, office building, etc.) 22a I certify that I took charge of the remains described above, held an Autopsy XX, Inspection X Inquiry X. and in my apintan Natural causes X Accident . death resulted fram. Suicide | Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MED CAL EXAMINER MARCH 19, 1968 DEPUTY MEDICAL EXAMINER [X] BENEDICT SKITARELIC. ADDRESS(Street city, town, or counGUMBERLAND, MARYLAND NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 50 BUR AL, CREMAT ON, 235 DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) 3/22/68 FROSTBURG MEM. PARK FROSTBURG. 2So REC D BY REG STRAR SOWERS HAFER-SOWERS FUNERAL SO WARN FROSTBURG ARE DE MARKET DE LA CONTROL DE LA CONTRO 25b REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		CEASED-NAME First VIRGII		Middle E E	Lost WAGNER	20. DATE OF DEATH	Yeor 68 0:30a			
	3. SE	FEMALE	4. RACE WHITE		5. DATE OF BIRTH 7-26-1918	6. AGE (In years last birthday) 49 YRS.	1E UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS M.N.			
	cour	RIRTHPLACE (State or foreign try) ONACONING,	76. CITIZEN OF WHAT COUN	WIDOWED	DIVORCED D	COUNTY OF DEATH ALLEGANY	Md.			
,	C	ITY OR TOWN OF DEATH	give street odd	MEMORIA	L during mos	OCCUPATION (Kind of work done to working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY LIOME			
ı	odmi	USUAL RESIDENCE (Where deceo		EGANY CUMB	ERLAND YES EX NO	533 COLUMB	IA 384. Ave.			
4		ATHER'S NAME First HENRY	Middle	NICHOLS	S MOTHER'S MAIDEN NAME Firs	\RL	CAMERON			
		WAS DECEASED EVER IN U.S. AR es, no rer unknown) (If yes give	was as dates at service)	-16-2 ₁ 616	MEMORIAL HOS	SPITAL - CUMBERL	AND, MD.			
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI	ED BY. HATE CAUSE (o)	LACTUREN	re (+ test of	- left	BETWEEN ONSET AND OEATH			
Conditions, if ony, which gove trise to immediate course (o), stoting the underlying course DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
į	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING			
	MEDICAL CER	21o. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Month niner) P.M.	Doy Yeor	· ·	noture of injury in Port 1 or Port 2, It	tem 18.)			
	ME	While Not while at work			OCATION Street or R F.D. No.	City or Town	County State			
		22a. I certify that (1) (this hospital) ottended the deceased fram 19 and that in (my) (aur) apinian death accurred an the dote and hour and from the causes stated above, (1) (we) (did) (did not) view, the bady ofter death.								
ı		22b. SIGNATURE DEGREE ATTENDING MED. DIRECTOR PHYS DIRECTOR PHYS DIRECTOR D								
	00-			HODGES		NTRE ST. CUME				
	230.	DEMOVAL (Specific)		34 NAME OF CEMETERY OF Sunset Memor		23d LOCATION (City or Town) Cumberland Allek	(County) (Stote)			
7		FUNERAL DIRECTOR I. Lee Silcox	404 Decatur S	ADDRESS St. Curib., M	2So. REC'D-BY.	REGISTRAR 1968 REGISTRARS	SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital ar attending physician. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the please tiled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours.

VR A15 PM



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral ages 1 and 2 s after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, f institution Residence before admission) a. COUNTY ALLEGANY O STATE WEST VIRGINIA COUNTY MINERAL MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CETY OR TOWN (If autside corparate limits, write RURAL and give nearest town) WILEY FORD. W. VA. 10HR.5MIN d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO NAME OF Middle 4. DATE Lost Month completely DECEASED 1968 WALKER MARCH HAROLD (Type or print) DEATH S. SEX AGE (In years lost, birthday) IF UNDER I YEAR 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED AUGUST 26,1926 Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT requires that the Teath imrtificate be during most of working life, even if retired) COUNTRY? INDUSTRY ar remaval, and Electrician CUMBERLAND, MARYLAND RALI ROAD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DOVE, VIRGINIA WALKER, JACOB 16. SOCIAL SECURITY NO. 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service HOSPITAL, CUMBERLAND, MEMORIAL Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse for use as the l i Health priar to b this certificate has been ATTENDING PHYSICIAN: The low WAS AUTOPST PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 200 ACCIDENT WAS UNDERLYING [20b OESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of Item 18) detached f te Dept. of l OR CONTRIBUTING I CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) of work factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this bespital) attended the deceased from saw the deceased alive an and that death occurred at M, fram causes and an the date stated above 22o. SIGNATURE STAFF PHYS. M.D. -DIRECTOR directar, page shauld be fil≡d 22c. PHYSICIAN'S GREENE STREET. CUMBERLAND. MD. **B.SCHINDLER** 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE THEREOF Burlal (Specify) 3-26-68 St. Mary's Burial Park Jumberland . md . 25a REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Scarpelli Cumberland, Md. 1968



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03465 03446 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 havrs after death. (Type or print) HARVEY W. WARE 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years HOURS WHITE 8-11-1906 MALE 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED A NEVER MARRIED country) PA. USB ALLEGANY DIVORCED [WIDOWED [1D. CITY OR TOWN OF DEATH LL. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during most of working life, even if cotted please remave carban CHMRERLAND MEMORIA HOSPITAL 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY admission) STATE CUMBERL AND YES LEGANY 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME First Lost WILLIAM WARE EL LZABETH BRICK 16h, SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, ar unknown) Mrs. Florence Ware, Cumberland, Md. -Wife 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been Health priar to as the 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? NO X YES [210. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. State City or Town County While Not white at wark 22a. I certify that (I) (this hospital) attended the decaysed from 3/27, 19/27, to 3/27, 19/27, that (I) (we) last saw the decaysed alive an 3/27 and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. O HOSPITAL OR ATTEND Page 4 may be retained shauld 22c DATE SIGNED 22b. SIGNATURE MED. DIRECTOR PHYS. 22d. PHYSICIAN S 22e ADDRESS George M.D NAME (Type) 122 S. CENTRE

NAME OF CEMETERY OR CREMATORY

ADDRESS

Scarpelli, Cumberland, Md.

Hillcrest Burial Park

23d LOCATION (City or Town)

2Sa REC'D BY REGISTRAR

(State)

(County)

Cumberland Allegany Md REGISTRAR'S SIGNATURE

director, shauld b 30M REV

23a. BURIAL, CREMAT ON

24. FUNERAL DIRECTOR

REMOVAL (Specify)-

23b. DATE

Apr.1,1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1 DECEASED NAME 20 DATE KNOWN [7] Menth Day (Type or Print) OF ESTI-Patrick DEATH MATED Mar. 26 Warner :10 м 6 AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS 4. RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR MonthMar. Doy 26 Year 19688:10M Jan. 13,1904 Male White 70 BIRTHPLACE (Stote or fore an 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Allegany USA WIDOWED [DIVORCED [Allegany pency in Item 18. Give Pages I and 2 with the Stat 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress) D.O.A. Memorial during most of working life, even if setired.) | INDUSTRY | Municipal Cumberland 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY J.M. TS7 13e STREET AND NUMBER odmission) STATE Maryland 13h COUNTY 205 Race Street Cumberland YES TO NO Allgany after IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Jennie Robinette Patrick Warner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Emma Warner, Cumberland, Md-Wife APPROX MATE INTERVAL within 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-"pending" CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Candit ans, if any, which gave CORONARY SCLEROSIS rise to immediate couse (a). writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 21g EXTERNAL CAUSE WAS 215 T ME OF IN. JRY Manth, Day Year 21r HOW INJURY OCCURRED (Enter nature of in any in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE T 220 | certify that I took charge of the remains described above, held on Autopsy], Inspection [X]. Inquiry 📆 ond in my opin on Notural couses X. Accident . Suicide . Hamicide deoth resulted from. Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE March 26,1968 DEPUTY MED CA. EXAMINER NAME (Type) Dr. Benedict Skitarlic, M.D. ADDRESS(Street, city, town, or countyRt. 9 Cumberland. Ad. 23c NAME OF CEMETERY OR CREMATORY 0 23g BUR AL CREMATION, 23d LOCATION (City or Town) (County) Burial (Specify) March 29,1968 St. Mary's Cemetery Cumberland, Allegany, Ma 24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, Md. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



14 1	MARYLAND STATE DEPARTMENT OF HEALTH OF OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* (
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 2a DATE KNOWN	Manth Day Year 2b HOUR
F F V I 3	Robert Howard Warnick OF ESTI DEATH MATED. 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years if UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUN	KMARCH 16 168 PN
and a mid a		May 4, 1968 4:30
ny do 1, 2, an PM3	70 BIRTHPLACE (State or foreign 76 CT.ZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH 10 COUNTY OF DEAT	
ages ages th fo	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a usua, OCCUPATION (King of	work dane 12b KIND OF BUSINESS OR
fter death Give Pages 1 ang with farm th the State D	Thear McCoole, Md. Give street address) NORTH BRANCH POTOMAC RIVER Laborer ever	
Le k ale a	13a US_AL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE No 13b COUNTIGETEET	UMBER
hin 24 hours nool in Item 1 niner's Office pages 1 and 2 hours after d	14 FATHER S NAME First Middle Last 1S. MOTHER S MAIDEN NAME First Howard Stanley Warnick Mary Hotel	M ddle Lost da Colmer
within 24 in pencil in Examiner's FTe pages 77 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. op at unknown) (It regulated of service) 234-38-8572 Howard Stanley Warnick-Rt	ORESS L Barton, Md.:
This certificate shauld be executed within cate, writing the word "pending in pencil be farwarded to the Chief Medical Examine be used as a burial-transit permit. File pagin removal, and in any event within 72 hours	IB CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I DEATH WAS CAUSED BY	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH MINUTES
execution Med Med per	MMEDIATE CAUSE (a) DROWN ING DIE TO, OR AS A CONSEQUENCE OF	MINUIES
be "pe hief hief ansit	Canditians, if any, which gave) (b) (b)	
shauld be e ne word "per a the Chief I burial-transit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
remain This certificate shauld be executed certificate, writing the word "pending" in auld be farwarded to the Chief Medical es. shauld be used as a burial-transit permit.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10	(a)
te, writing te, writing te, writing to forwarded to used as removal, a	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port	20 AUTOPSY?
his of the form	WAS PERFORMED?	YE NO _
	FRIMARY (A) OR CONTRIBUTING HOUR AM HOUR AM AND THE STATE OF THE STATE	
Z = 5 = 6	210 NJURY OCCURRED 21e, PLACE OF IN JRY (At hame, form, street, 21f LOCAT ON Street or R F D No. City or Town	
EXAM ure th uge 4 yaur yaur Page ?	WHILE AT WORK AT WORK TO WESTERNOOPT. Md. Piedmont-Westernoort	Bridge Alleg Md.
ICAL E executor. Part far CTOR: burial,	22a. I certify that I taak charge of the remains described above, held an AutopsyX, Inspection XX	
DICAL IS IN THE PROPERTY OF TH		ed manner 🗌
TITY DICTOR OF THE PROPERTY OF	ACTUAL BRUGGLICK SKETCEREL MD ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22b DATE SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER M	VY Jr. 1968
ro DEPUT necessary the funer 5 may be ro FUNER!	NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city, town or country U)	MBERLAND MD.
10 Te	230 B_RIAL CREMATION, PREMOVAL Specify) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Avilton,	Garrett Md. (State)
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250. REC D. REC	BEGISTER XXIGNATURE JUNE

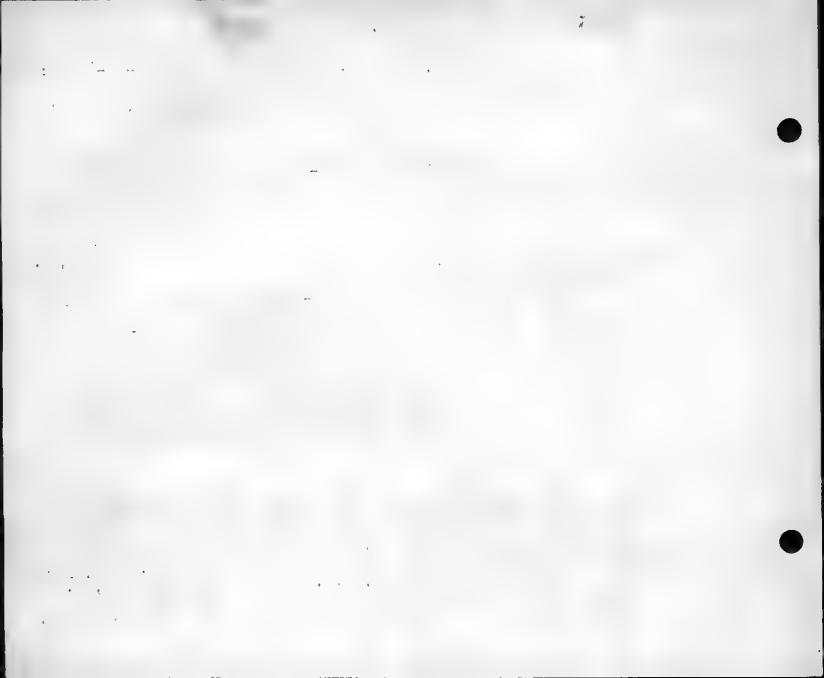


VR A15ME (5)

James F. Scarpelli, Cumberland, Md.

RESS 250 REC'D BY REGISTRAR 25 DATE MAR 1 5 1968

25b REGISTRAR S SIGNATURE



Cumberland, Md.

2So. REC'D BY REGISTRAR

196B

25b. REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wayne George

30M REVA 1/6

ander amplano, se., ea 250 119 460 A THE IS THE THE PROPERTY OF THE PARTY OF TH The second of th tellogy Thomas . The

MARTLAND STATE DEPARTMENT OF HEALTH 03470 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03450 CERTIFICATE OF DEATH 20. DATE OF DEATH 3 DECEASED-NAME First Middle Lost 2b. HOUR (Type ar print) and campletely filled in by the funeral remave carban papers. Pages Laad, in any event, within 72 haurs ofter deal Year 10:08 4 Derner Venona E. Werner PULLAS SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS 1-4-96 White Female 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🖳 NEVER MARRIED 🗌 country) J.S. A. Allegany Ollegany Maryland USA WIDOWED TE DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) Exm Declared during most of working life, even if retired.) um berland Haryland Nursing & Convalescent Center 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN C 13d. INSIDE CITY LIMITS? Odmission) STATE Washington, D.C. 13b. COUNTY Washington YES NO 13e, STREET AND NUMBER Fern Place in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost John W. Schell Nettie L . Raynor please and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) or remayal, Tichnell. Cumberland Md Sister en irs. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p (anditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been as the priar to 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? use as CAUSES OF DEATH? YES 🗔 Health this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING TO CAUSE OF GEATH HOUR AM. Month Day Year of (If either, notify medical examiner) P.M detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. | 21f. LOCATION Street of R.F.D. No. City or Town County State OFFICE BUILDING, ETC While Nat while at work 22a. I certify that {I) {this haspital} attended the deceased fram..... 3/14/61.19 , and that in (my) (our) apinion death accurred on the date and hour and from the saw the deceased alive an_ shauld causes stated abave, (1) (we) (did) (didnot) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR

O FUNERAL DIRECTOR: After director, page shauld be filed REMOVAL (Specify) VR A15 [4]

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

NAME(Type) Dr. G. Overton Himmelwright, MD

23b. DATE

ed

30M REV, 1/68

law requires that the death certificate be executed within 24 haurs after death.

attending

by the haspital or

be retained

Apr.1,1968 Arlington N'tl. Cemetery Virginia Arlington. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. Whorles APR 2 DATE

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

133 Virginia Ave., Cumberland, Md.

23d. LOCATION (City or Tawn)



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Sales I of the sales of the sal